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ABUSED CHILDREN IN AMERICA: VICTIMS OF OFFICIAL NEGLECT

A REPORT

OF THE

SELECT COMMITTEE ON CHILDREN,
YOUTH, AND FAMILIES
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDREDTH CONGRESS
FIRST SESSION

together with

ADDITIONAL VIEWS

and

DISSENTING VIEWS

July 31, 1987.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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LETTER OF TRANSMITTAL

House of Representatives,
Select Committee on Children, Youth, and Families,
Washington, DC, July 31, 1987.

Hon. Donnald K. Anderson,
Clerk, House of Representatives,
Washington, D.C.

Dear Mr. Anderson: The Committee on Children, Youth, and Families is pleased to transmit the enclosed report entitled "Abused Children in America: Victims of Official Neglect."

The report, which is being filed in accordance with Title II, Section 206. (a) of H. Res. 26, is the result of an extensive survey of the 50 states and the District of Columbia conducted by the Committee.

Respectfully submitted.

Sincerely,

George Miller,
Chairman.

Enclosure.

ABUSED CHILDREN IN AMERICA: VICTIMS OF OFFICIAL NEGLECT

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INTRODUCTION

Abuse and neglect of children is an all too common fact of American life. This report confirms in detail, based on the most reliable data available, the increasing tragedy of child abuse and child neglect in America, as well as the decline in resources available to serve these children.

Preventing abuse and neglect of America's children is a goal we all share. To learn more about the status of child abuse in the United States, the Select Committee on Children, Youth, and Families conducted an extensive survey of the 50 states and the District of Columbia. Every state responded to the Committee's questionnaire and cooperated with our extensive follow-up activities to assure the accuracy of their responses.

Our objective was twofold: to determine what information was available about the extent of child abuse and neglect; and to learn what resources and services have been dedicated by States and the federal government to prevent and treat child abuse.

Based on the survey's results, it is clear that we are failing to do enough.

The facts are that reports of child abuse are rising, particularly child sexual abuse and child neglect. States report that cases are more serious and complex and that abused children are the victims of more seriously troubled families.

While increased public awareness has led to increased reporting of child abuse and child neglect, more than a majority of states report that the severe economic hardships on American families continue to be a primary contributor as well.

Despite these clear signals that the national tragedy of child abuse and child neglect is deepening, our report documents that States' capacity to address these crises, or to prevent them, has declined significantly and has fallen far behind the need. The commitment of public resources has been far from adequate; the greatest shortfall has come as a result of cuts in federal assistance.

In addition to insufficient resources, the majority of States report that their child protective service systems are strained, their staff overburdened, and their overall capacity to deal with all the cases seriously curtailed. Coordination among the agencies responsible for protecting abused children, including law enforcement agencies, remains difficult. As a result, some states are treating a smaller proportion of the universe of cases reported to them, or responding primarily to the more dramatic cases. In too many instances, states indicate, children suffering from neglect may be less likely to receive services of any kind.

An important finding of this report is that it is possible to prevent and treat child abuse with a variety of cost-effective programs. It is encouraging to note as well that States are placing greater emphasis on prevention and family preservation programs to prevent unnecessary placement of children away from their families. Nevertheless, the dual burdens of increased reports of abused and neglected children and declining resources have compelled many states to abandon or curtail their most effective prevention and treatment programs.

In addition to seeking State trends in reports of child abuse, we sought States' views about the adequacy of current policies and programs. We sought information about the principal barriers to improved services, and we sought information about needs, services, staff, effective programs and special initiatives. We asked as well for recommendations about how to improve current efforts.

Our findings are based on States' responses to our survey, and extensive follow-up communications from them. While our report shares the methodological limitations inherent in all non-experimental studies, we have added significantly to what is known about current State efforts to prevent and treat abused children. Consistent with Select Committee tradition, we have let the States speak for themselves as much as possible, reporting their data and comments.

Our purpose in preparing this report is to develop an information base which will aid both state and federal policymakers, as well as private agencies which serve abused children and those at risk of abuse.

Government action is not the only solution, but it is a necessary element of any successful strategy. We hope that this report will help government at every level, as well as private organizations and families themselves, to find better ways to prevent child abuse and child neglect and to devise better policies and services to address the needs of abused children and their families.

FINDINGS

REPORTS OF CHILD ABUSE, PARTICULARLY SEXUAL ABUSE, ON RISE

** In a survey of the 50 States and the District of Columbia, between 1981-85, the number of children reported to have been abused or neglected rose 54.9 percent. Between 1984 and 1985 alone, child abuse reports increased nearly 9 percent. In addition, many States reported increasingly more serious and complex cases.

** Among the three major child maltreatment categories, physical abuse, sexual abuse, and neglect, reports of sexual abuse rose the fastest. For the 29 States providing complete information, sexual abuse increased 57.4 percent between 1983-84, and increased 23.6 percent between 1984-85.

REPORTS OF CHILD NEGLECT CONTINUE TO INCREASE

** Child neglect continues to represent the majority of maltreatment cases (58.5% in 1985). States providing information by type of maltreatment report a continuing increase in the number of children reported to have been neglected between 1981-85. For 1984-85 alone, these States report an overall increase of 5 percent.

** Despite the large number of child neglect cases, several States indicate growing inattention to neglected children over the past decade as reports of sexual abuse have increased.

DESPITE INCREASED REPORTS OF CHILD ABUSE, STATES UNABLE TO PROVIDE NEEDED SERVICES

** A majority of States report staff shortages, inadequate training, high personnel turnover, and a lack of resources for staffing as the principal barriers to improved child protection and child welfare services.

** For the 31 States able to provide complete information, total resources to serve abused and neglected children increased, in real terms, by less than 2 percent between 1981 and 1985.

** In 27 of these States, resources to serve abused and neglected children declined in real terms, or failed to keep pace with rapidly increasing reports of child abuse. Between 1981 and 1985, States lost more than $170 million, in real terms, in Social Services Block Grant (Title XX) funds alone; for 27 States, Title XX was the largest source of federal funds, and for 15 of them, the largest single source of funds -- federal, State or local -- for providing services to abused and neglected children and their families.

** While child protection and child welfare services require the coordination of many agencies, including social services, health, education, and law enforcement, several States indicate that difficulty in coordinating these efforts is a barrier to better services for children.

STATES CITE TWO PRINCIPAL FACTORS LEADING TO INCREASED CHILD ABUSE REPORTS

** Nearly every State ranked public awareness as a primary factor resulting in increased reports of child abuse and neglect.

** Sixty percent of the States ranked deteriorating economic conditions for families as another primary factor resulting in rising reports of child abuse and neglect.

PREVENTION RECEIVING INCREASED ATTENTION; STATES EMPHASIZING FAMILY BASED SERVICES TO PREVENT UNNECESSARY PLACEMENT OF CHILDREN OUT-OF-HOME

** Expenditures for public awareness of child abuse and neglect have risen in 27 States. Thirty-eight States have recently established Children's Trust Funds to support prevention programs. Nearly half of the States offer parent education, while at least 15 States provide prenatal and perinatal services to high risk women and teenagers and their infants. In addition, several States provide preventive programs of respite care, crisis nurseries, and early screening for developmental disabilities, for some portion of the population.

** Citing the need for permanency in children's lives and dwindling resources available to aid abused children, States are increasingly providing services to strengthen and maintain families. Homemaker and parent aide services received higher funding in 22 and 17 States, respectively. Eighteen States reported that they are providing family preservation services.

COST-EFFECTIVE PROGRAMS PREVENT OR REDUCE CHILD ABUSE AND NEGLECT, STRENGTHEN FAMILIES AND REDUCE DEPENDENCY

** In addition to the many promising prevention programs, States identified 19 programs which, according to evaluations, have successfully prevented child abuse, improved family functioning, and avoided costly treatment.

** In addition to the many promising treatment programs, States identified 15 treatment programs which, according to evaluations, have reduced recidivism, enhanced parent-child interaction and prevented placement of children in foster care.

STATES LACK SUFFICIENT LAW ENFORCEMENT DATA AND INFORMATION ABOUT HOW FUNDS FOR CHILD ABUSE SERVICES WERE SPENT

** While nearly all States report involvement of Child Protective Services with law enforcement agencies, they cannot report the rate of indictment, prosecution and/or convictions related to child abuse and neglect, nor are they able to report the percent of substantiated cases of abuse and neglect which are referred to law enforcement authorities.

** Most States were unable to report what federal, state, or local resources they dedicated to six major services commonly provided to abused children, or children at risk of abuse. These services include: case investigation and assessment, substitute care, adoption services, casework and treatment services, child care, and staff training and education. In addition, the vast majority of States were unable to identify the number of children provided with each service.

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May 2, 1986

The Honorable George C. Wallace
Governor
State of Alabama
State Capitol
Montgomery, Alabama 36130

Dear Governor Wallace:

We are writing to request your cooperation and assistance in completing the enclosed survey. We believe this information will be very useful to the members of the House Select Committee on Children, Youth, and Families as we continue to address the serious problem of child abuse and neglect in our nation.

We hope to obtain the best possible information concerning the numbers of children that are abused and neglected, including how states are coping with changes in reporting requirements as well as funding resources. We are also interested in learning about new initiatives adopted or implemented in your state and about those prevention and treatment approaches which you have identified as most effective.

In completing the survey, you may have information which is pertinent to the question, but which is not specifically requested. Please feel free to include such information.

If you, or your staff, have any questions or need clarification, please contact Dr. Marcia Mabee on the Select Committee staff at (202) 226-7660.

So that the information can be summarized and disseminated as soon as possible, the Committee would very much appreciate receiving the completed survey by June 1, 1986.

Thank you for your assistance.

Sincerely,

George Miller

GEORGE MILLER
Chairman

Dan Coats

DAN COATS
Ranking Minority Member

Union Calendar No. 164

100th Congress
1st Session

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ABUSED CHILDREN IN AMERICA: VICTIMS OF OFFICIAL NEGLECT

July 31, 1987.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed.

Mr. Miller of California, from the Select Committee on Children, Youth, and Families, submitted the following

REPORT

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CHAPTER I. REPORTS OF CHILD ABUSE AND NEGLECT

A. Child Abuse Reports Continue to Rise Through 1985

Child abuse and neglect, as reported to State child welfare agencies,[1] have increased steadily since 1976 when reports were first available. Between 1981-85, reports of child abuse and neglect rose by more than half (54.9%) nationwide. Variations in how States tabulate reports indicate that this may be a conservative estimate, masking cases which have been screened out or referred to other agencies (p. 24).

With one exception, every State showed some increase in child abuse and neglect during this five year period.[2] The increases in child abuse among the States ranged from 2.2% (North Carolina) to 445% (Arizona[3]) (Table 1).

---

[1] As discussed in the Introduction, the information used in this report was derived from a survey of the 50 States and the District of Columbia prepared by the Select Committee on Children, Youth, and Families. See Appendix I containing the survey instrument with question 3 requesting States to report child abuse and neglect.

[2] Wyoming had a 10.4% decrease in the number of children reported between 1981-85. Administrators attributed the decrease to two factors: 1) total reports in 1981 are duplicated, but are unduplicated for 1985 (see p. 23 for explanation of duplicated/ unduplicated); 2) the state population declined by 50,000 in 1985 due to an oil bust, following an oil boom in 1981-82. Administrators felt the oil boom/bust families were at high risk for child abuse and neglect.

[3] Arizona child abuse officials attributed much of the increase to the institution in 1984 of a computerized system for tabulating reports. Under the computerized system all calls are tabulated, even those requesting information. Prior to the computerized system, only reports that were actually investigated were counted.

Table 1 [4/]

Trends in Child Abuse Reporting By States, 1981-1985

State	Child Reports 1981 [5/]	Child Reports 1985	Difference	% Change
Alabama	18,654	31,385	12,731	68.2%
Alaska [a]	7,748	13,332	5,584	72.1%
Arizona	7,892	43,043	35,151	445.4%
Arkansas	14,393	20,081	5,688	39.5%
California	179,735	272,953	93,218	51.9%
Colorado	10,908	13,825	2,917	26.7%
Connecticut [b]	10,180	16,804	6,624	65.1%
Delaware	4,741	8,051	3,310	69.8%
Dist. of Col.	5,113	6,073	960	18.8%
Florida	68,446	130,393	61,947	90.5%
Georgia [c]	22,763	45,489	22,726	99.4%
Hawaii	2,635	4,069	1,434	54.4%
Idaho	9,578	13,640	4,062	42.4%
Illinois	47,586	68,203	20,617	43.3%
Indiana	21,929	33,868	11,939	54.4%
Iowa [d]	24,349	25,534	1,185	4.9%
Kansas	19,492	23,592	4,100	21.0%
Kentucky	28,266	34,839	6,573	23.3%
Louisiana [e]	29,406	35,802	6,396	21.8%
Maine	6,714	10,121	3,407	50.7%
Maryland	11,698	19,394	7,696	65.7%
Massachusetts	30,525	47,060	16,535	54.2%
Michigan [f]	57,235	95,114	37,879	66.2%
Minnesota	13,205	22,046	8,841	67.0%
Mississippi	5,881	13,921	8,040	136.7%
Missouri	53,722	75,953	22,231	41.4%
Montana [g]	5,243	5,516	273	5.2%
Nebraska	7,013	13,765	6,752	96.3%
Nevada [h]	6,354	11,144	4,790	75.4%
New Hampshire	4,478	6,517	2,039	45.5%
New Jersey	23,758	47,126	23,368	98.4%
New Mexico	5,904	12,061	6,157	104.3%
New York	106,295	139,032	32,737	30.8%
North Carolina	27,017	27,625	608	2.2%
North Dakota	2,944	4,719	1,775	60.3%
Ohio	27,248	65,965	38,717	142.1%
Oklahoma	12,283	20,275	7,992	65.1%
Oregon [i]	2,732	12,765	10,033	367.2%
Pennsylvania	13,703	20,980	7,277	53.1%
Rhode Island	3,784	11,196	7,412	195.9%

Table 1 [4] (continued)

Trends in Child Abuse Reporting By States, 1981-1985

State	Child Reports 1981 [5]	Child Reports 1985	Difference	% Change
South Carolina	19,289	28,861	9,572	49.6%
South Dakota	4,890	8,913	4,023	82.3%
Tennessee	44,146	47,050	2,904	6.6%
Texas	81,819	108,561	26,742	32.7%
Utah j	5,832	18,089	12,257	210.2%
Vermont	2,072	4,452	2,380	114.9%
Virginia	39,685	49,765	10,080	25.4%
Washington	33,832	40,100	6,268	18.5%
West Virginia	7,111	20,772	13,661	192.1%
Wisconsin	8,508	24,411	15,903	186.9%
Wyoming	2,589	2,319	-270	-10.4%
Totals	1,211,323	1,876,564	665,241	54.9%

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[4] See pp. 40 and 41 for footnotes for Tables 1-3 and additional explanatory notes for Tables 1-25.

[5] "1981 Reports" category presents figures reported by the American Humane Association (A.H.A.), Annual Report, 1981, Highlights of Official Child Neglect and Abuse Reporting. If reports represented total numbers of families in A.H.A. volume, number was converted to individual child reports using a conversion multiplier of 1.65 provided by the American Association for Protecting Children, formerly the American Humane Association.

Eleven States reported increases of 100-200% over the last five years (Table 2).

Table 2

States Reporting 100% Increase in Child Abuse 1981-1985

States with Reported Increases Above 100%	% Change
Arizona	445.4%
Georgia	99.4%
Mississippi	136.7%
New Mexico	104.3%
Ohio	142.1%
Oregon	367.2%
Rhode Island	195.9%
Utah	210.2%
Vermont	114.9%
West Virginia	192.1%
Wisconsin	186.9%

In 1985 alone, an estimated 1,876,564 children[6/] were reported to child protective service agencies as having been abused or neglected (Table 3). An estimated 1,090,969 families were reported to have been involved in these child abuse and neglect cases in 1985 (Table 3).

Between 1984 and 1985, the number of children reported as abused or neglected increased 8.97% (Table 4). This compares with annual increases of 6.15%, 3.02%, 17.04%, and 16.93%, for 1980-81, and each successive year through 1984 respectively (Figure 1, p. 9). Thus, while the rate of increase for 1985 has declined slightly, after steeper increases in 1983 and 1984, child abuse and neglect reports continued to increase significantly. Between 1984 - 1985, five States showed increases of more than 50%, and 10 States showed decreases during this same period (Table 4).

[6/] The total number of reports of abused children States actually received in 1985 may be higher since, as noted on Table 4, five States provided only unduplicated data in 1984, while 13 states provided only unduplicated data in 1985. For a discussion of duplicated versus unduplicated reports, see p.23.

Table 3

Child Abuse Reports by State for Families and Children, 1985

State	Family Reports	Child Reports
Alabama	18,141	31,385
Alaska	7,702	13,332
Arizona	24,866	43,043
Arkansas	12,592	20,081
California	146,724	272,953
Colorado	7,987	13,825
Connecticut	11,118	16,804
Delaware	4,651	8,051
Dist. of Columbia	3,416	6,073
Florida	75,328	130,393
Georgia	26,511	45,489
Hawaii	2,928	4,069
Idaho	7,880	13,640
Illinois	40,644	68,203
Indiana	19,576	33,868
Iowa	15,989	25,534
Kansas	14,375	23,592
Kentucky	20,073	34,839
Louisiana	19,938	35,802
Maine	5,847	10,121
Maryland	11,210	19,394
Massachusetts	30,167	47,060
Michigan	42,982	95,114
Minnesota	15,703	22,046
Mississippi	8,042	13,921
Missouri	41,150	75,953
Montana	3,188	5,516
Nebraska	7,952	13,765
Nevada	6,438	11,144
New Hampshire	3,765	6,517
New Jersey	27,239	47,126
New Mexico	6,971	12,061
New York	84,119	139,032
North Carolina	18,456	27,625
North Dakota	3,083	4,719
Ohio	38,128	65,965
Oklahoma	11,719	20,275
Oregon	9,646	12,765
Pennsylvania	12,126	20,980
Rhode Island	6,468	11,196

Table 3 (continued)

Child Abuse Reports by State for Families and Children, 1985

State	Family Reports	Child Reports
South Carolina	16,673	28,861
South Dakota	6,736	8,913
Tennessee	27,195	47,050
Texas	66,911	108,561
Utah	10,450	18,089
Vermont	2,572	4,452
Virginia	28,764	49,765
Washington	28,804	40,100
West Virginia	12,000	20,772
Wisconsin	14,110	24,411
Wyoming	1,916	2,319
Totals	1,090,969	1,876,564

Table 4

Child Abuse Reports by State for Children, 1984-1985

State	Child Reports[7] 1984	Child Reports 1985	Difference	Percent Change
Alabama	28,407	31,385	2,978	10.5
Alaska	7,052*	13,382*	6,330	89.8
Arizona	19,788*	43,043*	23,255	117.5
Arkansas	20,974	20,081	-893	-4.3
California	250,271	272,953	22,682	9.1
Colorado	13,410	13,825	415	3.1
Connecticut	17,015	16,804	-211	-1.2
Delaware	7,887	8,051	164	2.1
Dist. of Col.	3,878	6,073	2,195	56.6
Florida	87,582	130,393	42,811	48.9
Georgia	36,229	45,489*	9,260	25.6
Hawaii	3,971	4,069	98	2.5
Idaho	11,368*	13,640*	2,272	20.0
Illinois	67,058	68,203	1,145	1.7
Indiana	28,958	33,868	4,910	17.0
Iowa	25,018	25,534*	516	2.1
Kansas	22,825	23,592*	767	3.4
Kentucky	32,713	34,839	2,126	6.5
Louisiana	34,783	35,802	1,019	2.9
Maine	13,570	10,121*	-3,449	-25.4
Maryland	16,378	19,394	3,016	18.4
Massachusetts	46,396	47,060	664	1.4
Michigan	90,627	95,114	4,487	4.9
Minnesota	23,673	22,046	-1,627	-6.9
Mississippi	6,964	13,921	6,957	99.9
Missouri	72,446	75,953	3,507	4.8
Montana	5,126	5,516	390	7.6
Nebraska	8,230	13,765	5,535	67.2
Nevada	8,795	11,144*	2,349	26.7
New Hampshire	6,708	6,517*	-191	-2.8
New Jersey	44,368	47,126	2,758	6.2
New Mexico	14,000	12,061	-1,939	-13.9
New York	134,699	139,032	4,333	3.2
North Carolina	26,201	27,265	1,064	4.1
North Dakota	4,431*	4,719	288	6.5
Ohio	94,640	65,965	-28,675	-30.3
Oklahoma	18,149	20,275*	2,126	11.7
Oregon	16,538	12,765	3,773	-29.5
Pennsylvania	20,088	20,980	892	4.4
Rhode Island	8,490	11,196	2,706	31.9

Table 4 (continued)

Child Abuse Reports by State for Children, 1984-1985

State	Child Reports[7] 1984	Child Reports 1985	Difference	Percent Change
South Carolina	23,958	28,861	4,903	20.5
South Dakota	10,145	8,913	-1,232	-12.1
Tennessee	41,063*	47,050*	5,987	14.6
Texas	105,882	108,561	2,679	2.5
Utah	14,967	18,089	3,122	20.9
Vermont	3,076	4,452	1,376	44.7
Virginia	42,842	49,765	6,923	16.2
Washington	42,352	40,100	-2,252	-5.3
West Virginia	17,357	20,772*	3,415	19.7
Wisconsin	17,202	24,411	7,209	41.9
Wyoming	3,502	2,319*	-1,183	-33.8
	1,722,050	1,876,564	154,514	8.97

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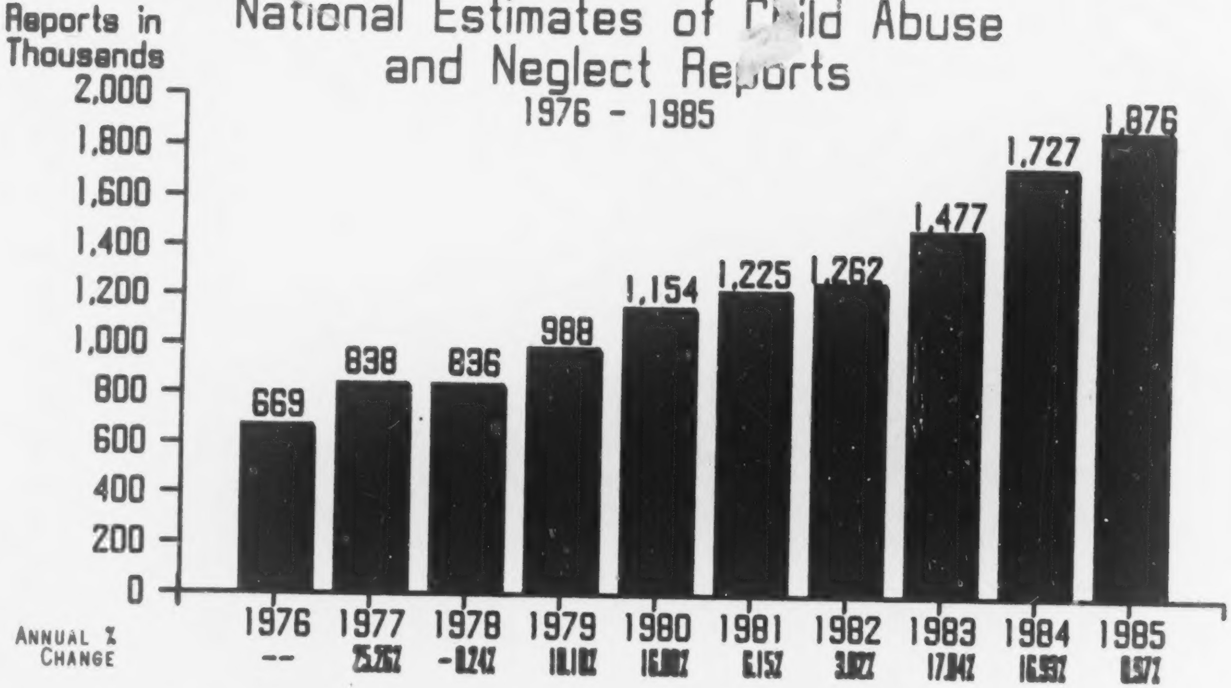
* Unduplicated reports

[7] "Child Reports 1984" taken from Highlights of Official Child Neglect and Abuse Reporting 1984, American Association for Protecting Children, Inc. The American Humane Association, 1986, pages 6-7.

Figure 1

National Estimates of Child Abuse and Neglect Reports

1976 - 1985



NOTE: CHILD TOTALS FOR 1976-1984 INCLUDE THE 50 STATES, DISTRICT OF COLUMBIA, PUERTO RICO, U.S. VIRGIN ISLANDS, GUAM AND MARIANAS. THE TOTAL FOR 1985 AND THE PERCENT CHANGE 1984-85, INCLUDE THE 50 STATES AND THE DISTRICT OF COLUMBIA ONLY.

SOURCE: DATA FOR 1976-1984 FROM AMERICAN ASSOCIATION FOR PROTECTING CHILDREN, INC., "HIGHLIGHTS OF OFFICIAL CHILD NEGLECT AND ABUSE REPORTING," 1984. DATA FOR 1985 FROM SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES SURVEY.

B. Sexual Abuse Rising Fastest; Neglect Still Bulk of Cases

Consistent trends emerged among patterns of maltreatment of children throughout the U.S.[8/]: the majority of reports demonstrated that neglect is the most common form of maltreatment, affecting more than half the children reported. When only physical abuse, sexual abuse, and neglect cases are counted for 1985, leaving out other categories, such as emotional abuse, as was done on the Committee survey, neglect accounts for up to 58.5% of the cases, and sexual abuse accounts for 13.2%.[9/]

Nevertheless, sexual maltreatment, while still a small proportion of the cases (less than 14%), showed the most dramatic and quickest increase between 1981-1985 (Table 5). Neglect, while increasing in years prior to 1984, showed a slight decline in 1984-85.

Table 5

Reports of Child Abuse and Neglect by Maltreatment Type, for 19 States Reporting Complete Information, 1981-1985 [10/]

Maltreatment Type	1981	1982	1983	1984	1985
Sexual Abuse	25,677	30,920	38,014	58,844	70,767
Physical Injury	123,336	130,315	139,520	151,789	150,144
Neglect	269,104	295,970	310,874	333,516	324,164
Fatalities	516	495	502	442	428

[8/] See Appendix I containing survey instrument with question 4 which asked States to complete a chart indicating child protective reports by maltreatment type for the calendar years 1981 through 1985, and the source of the count, e.g., an estimate, from a computerized information system, etc.

[9/] The American Association for Protecting Children (AAPC) reports that, in 1984, the latest year AAPC data are available, neglect cases represented 54.6% of cases, down from 58.4% in 1983. Sexual maltreatment cases represented 13.3% in 1984 and 8.5% in 1983.

[10/] Nineteen States provided information by all four of these specific maltreatment types for 1981 through 1985. The 19 States providing fatality information are different than the 19 States providing sexual abuse, physical abuse, and neglect statistics (Tables 14, 17, 20 and 23).

Sexual Maltreatment of Children

State reports revealed a consistent trend: sexual maltreatment of children was reported much more frequently in 1985 than five years earlier. In response to a survey question about trends in the past decade, 42 states mentioned that sexual abuse reports have increased.

Among the 19 States providing complete maltreatment information for 1981-85, the number of children reported in the sexually maltreated category increased 20.4% from 1981-82, with all 19 States showing increases; 22.9% from 1982-83, with 18 States showing increases; 54.8% from 1983-84 with all 19 States showing increases; and 20.3% from 1984-85, with 16 States showing increases (Tables 6 and 14).

For the 29 States providing information from 1983-85, sexual abuse increased 57.4% between 1983-84, with all 29 States reporting increases; and increased 23.6% between 1984-85, with 26 States reporting increases (Tables 6 and 15). For the 34 States reporting information for 1984-85, sexual abuse rose 23.2%, with 31 States showing increases (Tables 6 and 16).

Table 6

Reports of Sexual Maltreatment and Percent Change, 1981-1985

	19 States Reporting 1981-1985	29 States Reporting 1983-1985	34 States Reporting 1984-1985
Total Reports			
1981	25,677		
1982	30,920		
1983	38,014	49,161	
1984	58,844	77,387	135,032
1985	70,767	95,622	166,360
Percent Change			
81-82	20.4%		
82-83	22.9%		
83-84	54.8%	57.4%	
84-85	20.3%	23.6%	23.2%
81-85	175.6%		
83-85		94.5%	

Physical Injury of Children

Reports of physically injured children also increased over the same period, although at a slower rate. Among the 19 States providing information from 1981-85, the number of children reported as physically abused increased 5.7% from 1981-82, with 15 States showing an increase. For 1982-83, physical abuse increased 7%, with 17 of the 19 states reporting an increase; it increased 8.8% between 1983-84, with 14 States showing increases; but decreased 1.1% between 1984-85, with 11 States showing increases and, 8 showing decreases (Tables 7 and 17).

For the 29 States providing maltreatment information for 1983-85, the number of children reported as physically abused increased 9.9% between 1983-84, with 23 States showing increases; and increased 2.5% between 1984-85, with 22 States showing increases (Tables 7 and 18).

For the 34 States providing information for 1984-85, physical abuse cases rose 6.6%, with 25 States reporting increases (Tables 7 and 19).

Table 7

Reports of Physical Injury and Percent Change, 1981-1985

	19 States Reporting 1981-1985	29 States Reporting 1983-1985	34 States Reporting 1984-1985
Total Reports			
1981	123,336		
1982	130,315		
1983	139,520	174,762	
1984	151,789	192,104	286,659
1985	150,174	196,915	305,558
Percent Change			
81-82	5.7%		
82-83	7.0%		
83-84	8.8%	9.9%	
84-85	- 1.1%	2.5%	6.6%
81-85	21.7%		
83-85		12.7%	

Child Neglect

Neglect cases continue to constitute, by far, the largest number of cases reported to child protective services. Nevertheless, they showed a pattern of modest increases in the years prior to 1984, and a slight decline between 1984 and 1985 for the 19 States providing information from 1981-85 and the 29 States providing information for 1983-85.

For the 19 States providing complete information for the years 1981-85, neglect cases increased 10% between 1981-82, with 15 States showing increases; increased 5% from 1982-83, with 13 States showing increases; increased 7.3% with 14 States showing increases; declined 2.8% from 1984-85, with 9 States showing increases, and 10 States showing declines (Tables 8 and 20).

For the 29 States providing information for 1981-85, the number of children reported to have been neglected increased 8.2% from 1983-84, with 22 States showing increases; but decreased 0.54% from 1984-85, with 17 States showing increases and 12 States showing decreases (Tables 8 and 21).

For the 34 States providing information for 1984-85, the number of neglect cases increased by 5.0%, with 22 States reporting increases and 12 States reporting decreases (Tables 8 and 22).

Table 8

Reports of Child Neglect and Percent Change, 1981-1985

	19 States Reporting 1981-1985	29 States Reporting 1983-1985	34 States Reporting 1984-1985
Total Reports			
1981	269,104		
1982	295,970		
1983	310,874	399,193	
1984	333,516	431,943	576,401
1985	324,164	429,621	605,003
Percent Change			
81-82	10.0%		
82-83	5.0%		
83-84	7.3%	8.2%	
84-85	-2.8%	-0.54%	5.0%
81-85	20.5%		
83-85		7.6%	

Child Fatalities

States were also asked to indicate how many child abuse or neglect related fatalities occurred during the years 1981-85. In general, except for a slight increase between 1982-83 for the 19 States able to report data for 1981-85, fatalities show a declining trend (Tables 9 and 23). The 27 States reporting information for the years 1983-85 show a 13.7% decline (Tables 9 and 24); and the 29 States able to provide 1984-85 figures show a 6.1% decline (Tables 9 and 25).

Table 9

Reports of Child Fatalities and Percent Change, 1981-1985

	19 States Reporting 1981-1985	27 States Reporting 1983-1985	29 States Reporting 1984-1985
Total Reports			
1981	516		
1982	495		
1983	502	668	
1984	442	601	625
1985	428	576	587
Percent Change			
81-82	-4.1%		
82-83	1.4%		
83-84	-11.9%	-10.0%	
84-85	-3.2%	-4.2%	-6.1%
81-85	-17.1%		
83-85		-13.8%	

C. States Link Increased Reports of Child Abuse to Greater Public Awareness and Poor Economic Conditions

The overriding factors cited by the most States as contributing to the increased incidence of child abuse and neglect reports[11] were greater public awareness of the problem and deteriorating economic conditions of families.

Nearly 90% of the States (45) ranked "increased public awareness of child abuse and neglect" as a primary reason for increases in child maltreatment reports since 1981. Of the remaining six States, two ranked public awareness second (Alaska, Rhode Island), two ranked it third (New York, Texas), one ranked it fourth in importance (District of Columbia) and Wyoming, the only State which had a decrease in reports from 1981-1985, ranked it fifth. In addition, when asked to describe any trends over the past decade, eleven States (Arkansas, Florida, Georgia, Idaho, Illinois, Indiana, Maine, Montana, Ohio, Pennsylvania, Virginia) elected to note that public awareness had increased.

Over 60% of the States also ranked "economic conditions of families" among the top three factors affecting the increased incidence of child abuse and neglect since 1981. Three (District of Columbia, New York, Wyoming) ranked it as the most important reason; twenty States ranked it as the second most important factor; and eight states ranked it as the third most important factor.

The vast majority of States ranking economic circumstances as first or second in importance were the Southeastern States: Alabama, Florida, Kentucky, Louisiana, Maryland, Tennessee, West Virginia; the Western States: Arizona, Idaho, Montana, Nevada, Utah, Washington, Wyoming;

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[11] See Appendix I containing survey question 5 which asked States to indicate what factors they felt had significantly contributed to any increase in reports that they had experienced.

and the Midwestern States: Iowa, Kansas, Missouri, Nebraska, Oklahoma, South Dakota.

No other categories were clearly ranked by a majority of States as third, or fourth in importance as a contributing factor to increased reports of child abuse and neglect, but ten States ranked "increases in single-parent families" as the fifth most important contributing factor. Seven States ranked "increases in teen-age parents" as the sixth most important contributing factor. The factors receiving the lowest rankings -- ranked 9th or 10th in importance -- were "changes in reporting procedures" ranked 9th or 10th by ten States, and "changes in the definition of child abuse and neglect" ranked 9th or 10th by nine States.

D. States Cite Trends Toward Increasing Severity and Complexity of Cases; Increased Family Dysfunction; and Declining Attention to Neglect

States were asked to describe any observed trends in the nature and extent of child abuse and neglect in the past decade.[12/] All 51 States and jurisdictions responded to this question. Twenty-one States described trends which, together, form a picture of more serious and complex child abuse and neglect cases, often involving more dysfunctional families (Table 10).

[12/] Appendix I contains copy of survey with question 17 requesting information on observed trends in child protective and child welfare services in the past decade.

Table 10

Trends in Child Maltreatment Cited by States

Increasing Severity and Complexity of Cases	Increased Family Dysfunction	Declining Attention to Neglect
Alabama	Dist. of Col.	Alabama
Arizona	Illinois	Kentucky
Arkansas	Kentucky	Maine
Connecticut	Rhode Island	Ohio
Dist. of Col.	Wyoming	Texas
Hawaii		West Virginia
Illinois		
Kansas		
Kentucky		
Maine		
Maryland		
Missouri		
Nevada		
North Carolina		
North Dakota		
Pennsylvania		
Texas		
Utah		
West Virginia		
Wyoming		

Seven States (Alabama, Arizona, Illinois, North Dakota, Texas, Kansas, Utah) said they have seen more serious cases over the past decade. Four States indicated that they are seeing more seriously physically abused children (Connecticut, Hawaii, Pennsylvania, West Virginia). Six States indicated they are seeing more emotionally and behaviorally disturbed children in their caseloads (District of Columbia, Kentucky, Missouri, Nevada, West Virginia, Wyoming). The District of Columbia, Kentucky and Missouri particularly noted that children in foster care have tended to be more troubled.

Three States (Maine, Nevada, North Carolina) said cases have become more complex in the past decade. Five States (District of Columbia, Illinois, Kentucky, Rhode Island, Wyoming) said they have seen an increase in family dysfunction, especially in parental substance abuse or mental illness. Rhode Island specifically noted that more attention needs to be given to families where parents have been deinstitutionalized from mental health facilities.

Six States (Alabama, Kentucky, Maine, Ohio, Texas, West Virginia[13/]) reported a decline in attention to neglect cases in the past decade. Texas child abuse administrators said they now prioritize cases and that sexual abuse cases take precedence over neglect, with the result that less attention is being given to neglect cases. A West Virginia official said the State often spends more time on more "spectacular" abuse cases to the near exclusion of neglect cases, although the latter are more responsive to assistance than the former. This official concluded that resources are often spent where the prognosis is poorest.

Other trends noted by States include increased numbers of reports and cases coming from out-of-home settings (Colorado, Mississippi, Ohio, West Virginia) and a decrease in the length of foster care for abused and neglected children (Maine, New Mexico). Florida, Ohio and Rhode Island reported a trend away from removal of children from their homes. Florida, however, saw greater use of residential care for emotionally disturbed children. The District of Columbia, Oklahoma and Rhode Island reported concerns regarding teen parents.

B. Substantiation Rates Are Stable, Cases Increase by Over 50%

Information about substantiation rates was also requested[14/]. A substantiated case refers to one which has been investigated and the abuse or neglect confirmed. More than half of the 51 States and jurisdictions provided substantiation data for the years 1981-1985.

[13/] Follow-up conversations with Select Committee staff July 21, 1986.
[14/] Appendix I, question 3b on survey.

Within a given year, rates varied widely across the States, ranging in 1981, for example, from a high of 75.3% (Oregon) to a low of 18% (Wisconsin). In 1985, rates ranged across States from a high of 66.7% (Oregon)[15] to a low of 24.6% (Iowa and Virginia) (Table 11).

When substantiation rates are averaged across States for each year, (Table 11) they are very stable, ranging from a low of 43.7% in 1983 to a high of 44.8% in 1985. For 1985 alone, 41 States provided substantiation rates. The average rate for these States is 45.3% (Table 12).

A further test of substantiation rates verified their stability over time. For each of the States reporting a substantiation rate for 1981, an estimate of the actual number of substantiated cases was derived by applying the rate to the number of child abuse reports for that year. For example, when Arkansas' substantiation rate for 1981 (34%) is applied, the total number of maltreated children is 4,894.

The procedure was repeated for all 35 States for which substantiation rates were available. The total number of maltreated children in the 35 States was estimated by aggregating individual States' estimates. Comparing this figure (327,165) to the total number of reported cases of abuse in these 35 States (749,852) yields an estimated national substantiation rate for 1981 of 43.6%. This figure was very similar to the estimated national rate of 44.5% derived by averaging individual States' rates (see above).

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[15] South Dakota actually reported highest percent for 1981 (70%), but noted "it is felt that there were procedural reporting issues that caused such a high substantiation rate [for 1981-1982]" (42).

The same method of aggregating State-by-State estimates of the number of maltreated children was applied to the 41 States for which substantiation rates were available in 1985. This produced an estimated national substantiation rate for 1985 of 42.3%, about one percentage point less than the 1981 estimated rate.

Estimates of the number of maltreated children in States not reporting substantiation rates in 1981 were derived by applying the estimated national substantiation rate to the total number of reported cases in each State. Using this procedure, an estimated total of 528,366 children were found to be maltreated in 1981.

Applying the same method in 1985 provided an estimated total of 795,119 maltreated children for that year, 266,752 or 50.5% more than in 1981.

Thus, while reports of child abuse and neglect have increased 54.9% from 1981-1985, stable substantiation rates mean that the number of actual cases of maltreated children that have come to the attention of Child Protective Service agencies has also increased at approximately the same rate.

Table 11

Substantiation Rates By State, 1981-1985[16/]

	1981	1982	1983	1984	1985
Arkansas	34.0	38.0	37.0	36.0	37.0
Colorado [a]	60.0	59.0	57.0	63.0	65.0
Florida	47.0	49.0	49.0	53.3	57.3
Hawaii	53.0	54.0	48.0	51.0	57.0
Illinois	43.1	46.6	44.1	45.6	49.2
Iowa	20.2	17.5	23.2	25.9	24.6
Kansas [b]	34.0	34.0	33.0	33.0	28.0
Kentucky	49.0	47.0	44.0	44.0	44.0
Louisiana [b,c]	33.0	34.0	36.0	37.0	37.0
Maine	56.0	61.0	49.0	52.0	51.0
Michigan [b,c]	43.0	41.0	41.0	40.0	39.0
Mississippi	55.0	44.0	48.0	50.0	51.0
Nebraska	50.2	43.6	45.9	53.3	60.6
Nevada	52.0	51.0	56.0	55.0	52.0
New York [b]	37.8	37.9	34.4	36.0	37.0
North Carolina	41.5	40.6	40.8	39.0	39.0
North Dakota	49.9	49.5	54.1	60.1	58.7
Oklahoma [c]	37.0	39.0	40.0	36.0	35.0
Oregon	75.3	88.6	89.4	60.5	66.7
Pennsylvania	34.2	32.9	35.4	37.0	36.8
South Carolina [c]	36.0	33.0	31.0	32.0	30.0
South Dakota	78.0[d]	72.0[d]	52.0	46.0	44.0
Texas	60.8	61.8	60.4	57.4	55.6
Utah	33.7[c]	29.1	31.7	35.5	32.8
Vermont	45.0	52.0	50.0	50.0	52.0
Virginia [c]	39.0	31.9	28.8	28.2	24.6
West Virginia [e]	40.0	40.0	40.0	40.0	40.0
Wisconsin	18.0	19.9	24.6	33.3	30.3
Wyoming [b]	34.0	45.0	44.0	45.0	64.0
Average Substantiation Rate for 29 States	44.5%	44.6%	43.7%	44.0%	44.8%

[16/] Twenty-nine States provided substantiation data for all years requested, 1981-1985.

[a] Percent of substantiated reports may be higher for Colorado than other States because counts of substantiated reports going into State registry were screened by counties before submission.

[b] State provided totals representing family reports and child reports, but did not indicate whether percent substantiated reports represented either or both types of reports.

[c] State totals and percents are State fiscal year counts, not calendar year totals.

[d] South Dakota reported "it is felt that there were procedural reporting issues that caused such a high substantiation rate [for 1981-1982]."

[e] West Virginia percents "are estimates. The substantiation rate varies from geographic location to geographic location..."

Table 12

Substantiation Rates by State, 1985[17/]

State	Percent	State	Percent
Alabama [a]	39.0	Nevada	52.0
Arkansas	37.0	New Jersey	38.3
Colorado [b]	65.0	New Mexico	57.0
Connecticut	70.0	New York [e]	37.0
Delaware [c]	55.6	North Carolina	39.0
Florida	57.3	North Dakota	58.7
Hawaii	57.0	Ohio	23.2
Idaho	46.7	Oklahoma [f]	35.0
Illinois	49.2	Oregon	66.7
Indiana [d]	52.3	Pennsylvania	36.8
Iowa	24.6	Rhode Island	45.6
Kansas [e]	28.0	South Carolina [f]	30.0
Kentucky	44.0	South Dakota	44.0
Louisiana [e,f]	37.0	Texas	55.6
Maine	51.0	Utah	32.8
Massachusetts	38.0	Vermont	52.0
Michigan [e,f]	39.0	Virginia [f]	24.6
Mississippi	51.0	West Virginia [g]	40.0
Missouri [e]	44.1	Wisconsin	30.3
Montana	50.0	Wyoming [e]	64.0
Nebraska	60.6		

Average Substantiation
Rate for 41 States: 45.3%

[17/] Forty-one States provided substantiation data for 1985.

[a] Alabama estimated substantiation through telephone survey.

[b] Percent of substantiated reports may be higher for Colorado than other States because counts of substantiated reports going into State registry were screened by counties before submission.

[c] Delaware totals reported are duplicated and may involve one or several children; reports are incident based.

[d] Indiana provided percent of 1985 reports substantiated for two types of reports: neglect reports-48.8%, and abuse reports-52.3%.

[e] State provided totals representing family reports and child reports, but did not indicate whether percent of reports substantiated was based on either or both types of reports.

[f] State totals and percents are State fiscal year counts, not calendar year totals.

[g] West Virginia percents "are estimates. The substantiation rate varies from geographic location to geographic location..."

Applying the 1985 substantiation rate of 45.3%, based on an average of 41 States reporting substantiation rates, to the number of child abuse and neglect reports in 1985, an estimated 850,083 children were found to be maltreated.

F. States Differ in Methods of Collecting Child Abuse Reporting Information

Duplicated vs. Unduplicated Reports

When providing information about child abuse and neglect reports, States were asked to indicate whether the totals represented duplicated or unduplicated reports. Duplicated reports represent more than one report for a child or family during the course of a year. Unduplicated reports provide a more precise count of how many children are abused and neglected. However, according to the American Association for Protecting Children, Inc., duplicated reports provide additional information about the demand for child protective services, as well as the frequency and concentration of troubled families.[18]

Most States provided only duplicated figures. The number of States which provided unduplicated reports increased from 4 in 1984 to 13 in 1985 (Arizona, Alaska, Georgia, Idaho, Iowa, Kansas, Maine, Nevada, New Hampshire, Oklahoma, Tennessee, West Virginia, and Wyoming provided only unduplicated reporting statistics for 1985) (Table 4).

Of the nine States that provided duplicated figures in 1984, but unduplicated figures in 1985, six States (Georgia, Iowa, Kansas, Nevada, Oklahoma, West Virginia) showed modest to significant increases in child abuse reports. The other three States showed declines in their child abuse reports from 1984-85 (Maine, New Hampshire, Wyoming).

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[18] "Highlights of Official Child Neglect and Abuse Reporting 1984," American Association for Protecting Children, Inc. The American Humane Association, 1986, pages 2, 5.

It can be assumed that all of the States which provide only unduplicated data for 1985 would have shown increases, or larger increases, had they provided duplicated information for that year, as they had for previous years. This would have pushed up the total number of children reported as abused or neglected in 1985 above the estimate of 1,876,564.

Only one State, North Dakota, changed its reports from unduplicated in 1984 to duplicated in 1985, resulting in a modest increase of 6.5%.

Majority of States Screen Cases Before Reporting

States were also asked if the total reports they provided represented all referrals, including those screened out prior to investigation; not all referrals -- some referrals that are screened out or excluded; or only substantiated reports.[19] Three-fourths of the States indicated that, in 1985, the total number of reports of abused or neglected children reflected some degree of screening. Of the remaining States, one (Oregon) indicated that the total reports represented only substantiated cases -- that is, cases that were investigated and abuse and/or neglect confirmed. The other ten States (Alabama, California, District of Columbia, Iowa, Massachusetts, Nevada, New Jersey, Utah, Virginia, West Virginia) included in total reports all referrals received, without any prior screening or investigation (Table 13).

Kansas, in a separate communication during follow-up, discussed their current efforts to strengthen the initial screening of reports, providing some illustration of the screening that may be occurring in other States. Kansas noted in response to the survey that it does not count all referrals in its report totals, and added that cases are excluded, "if the reporter cannot identify a victim or the report does not constitute abuse or neglect." Prior to instituting new screening procedures, which are still being developed, nearly all reports to the CPS agency were counted as a child abuse or neglect report. Currently, reports are evaluated before they are classified as an abuse or neglect report (17).

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[19] Question 3a on the survey. See Appendix I for a copy of the survey.

Table 13

States' Screening of Reports

No Screening of Reports	Some Screening Prior To Reporting		Only Substantiated Cases Reported
Alabama	Alaska	Missouri	Oregon
California	Arizona	Montana	
Dist. of Col.	Arkansas	Nebraska	
Iowa	Colorado	New Hampshire	
Massachusetts	Connecticut	New Mexico	
Nevada	Delaware	New York	
New Jersey	Florida	North Carolina	
Utah	Georgia	North Dakota	
Virginia	Hawaii	Ohio	
West Virginia	Idaho	Oklahoma	
	Illinois	Pennsylvania	
	Indiana	Rhode Island	
	Kansas	South Carolina	
	Kentucky	South Dakota	
	Louisiana	Tennessee	
	Maine	Texas	
	Maryland	Vermont	
	Michigan	Washington	
	Minnesota	Wisconsin	
	Mississippi	Wyoming	

G. Child Abuse and Neglect Policies Influence Reports

Many States reported that the implementation of various policy changes led to an increase in the number of reports (Alaska, Georgia, Hawaii, Iowa, Louisiana, New Jersey, New York, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, West Virginia, Wisconsin).

Alaska, South Dakota and Vermont expanded those required to report. Vermont, for example, now requires teachers, day care staff, and mental health specialists to report suspected cases of child abuse/neglect (46).

School personnel in New Jersey are also required to make these reports, as the result of a Board of Education resolution (31).

Some States attributed the increase to a redefinition or broadening of what constitutes abuse/neglect (Hawaii, Iowa, New York, Wisconsin). For instance, Wisconsin now considers "emotional damage, threatened exploitation and child prostitution" as child abuse/neglect (50). Iowa has recently redefined and clarified the meaning of "sexual abuse" (16). Both Hawaii and New York expanded the situations in which intervention could occur (e.g, in cases of potential harm).

The use of a tracking system in Louisiana and Rhode Island also was considered to have led to an increase in reports, although many were deemed "inappropriate," requiring these States to screen incoming reports in order to discern actual incidences of abuse/neglect.

Three States noted that changes in investigation caused the number of reports to rise. New Jersey commented that reports increased when, in 1985, the Department of Youth and Family Services began investigating referrals of those affected by the release of people who were paroled (31). Similarly, Tennessee noted an increase in sexual abuse reporting when the Tennessee Child Protective Service policy regarding the investigation of child sexual abuse was amended, particularly to include day care centers (43).

Georgia reported that public awareness and prevention programs also contributed to increased reporting. The State's "It's OK to Tell" program encouraged reporting of abuse and led to an increase in sexual abuse reports (11).

According to Arizona, Kansas, Maine and Nebraska, the total number of cases decreased because of prioritization or screening of reports and this led to an overall smaller number of substantiated cases. Also in Alaska, fewer children have been brought in by the police since the Runaway Law was altered in 1985 to require police to return the child home or take him/her to Department of Health and Social Services if he/she refuses to return home (2).

Table 14 20/

Reports of Sexual Maltreatment for 19 States Providing Complete Information, 1981-1985

State	1981	1982	1983	1984	1985
Delaware	60	100	250	350	513
Florida	2,289	2,608	3,015	5,799	5,353
Georgia	1,071[e]	1,249[e]	1,708[j]	1,992[k]	3,872[k]
Hawaii	106[g,h]	148[g,h]	140[g,h]	279[g,h]	277[g]
Illinois	3,796	4,369	5,170	7,134	10,597
Iowa	1,175	1,274	1,698	2,864	3,052
Kentucky	1,132	1,526	1,676	2,172	3,456
Louisiana	963	1,488	1,892	3,190	3,660
Michigan	1,767	1,737	2,077	2,928	3,518
Nevada	174[k]	194	290	412	438
New Hampshire	58	193	256	327	359
New York	4,067[n]	4,720[n]	5,165[n]	8,132[n]	8,345[n]
North Dakota	140	171	190	307	351
Oregon	1,697	2,286	2,956	3,947	4,364
Pennsylvania	1,547	1,994	2,624	4,285	5,481
Texas	4,101[k]	4,989[k]	6,115[k]	8,732[k]	9,454[k]
Vermont	115[c,h,p]	151[c,h,p]	247[c,h]	436[c,h]	607[c,h]
Wisconsin	1,218	1,470	2,197	5,063	6,609
Wyoming	201	253	348	495	461
Total	25,677	30,914	38,014	58,844	70,767

20/ See p. 41 for footnotes for Tables 1-25.

Table 15 21/

Reports of Sexual Maltreatment for 29 States Providing Complete Information, 1983-1985

State	1983	1984	1985
Connecticut	724[c]	1,019[c]	1,512[c]
Delaware	250	350	513
Florida	3,015	5,799	5,353
Georgia	1,708[j]	1,992[j]	3,872[j]
Hawaii	140[g,h]	279[g,h]	277[g,h]
Idaho	741	1,277	1,453
Illinois	5,170[j]	7,134[o]	10,597[o]
Indiana	1,660	2,411	3,318
Iowa	1,698	2,864	3,052
Kentucky	1,676[k]	2,172[k]	3,456[k]
Louisiana	1,892	3,190	3,660
Massachusetts	1,435	2,826	3,484
Michigan	2,077	2,928	3,518
Mississippi	199	377	571[c]
Missouri	1,541	2,663	2,844[b]
Nevada	290	412	438[b]
New Hampshire	256	327	359[c]
New Jersey	896	1,155	1,842[b]
New York	5,165[k]	8,132[k]	8,345[k]
North Dakota	190[n]	307[n]	351[n]
Oregon	2,956	3,947	4,364
Pennsylvania	2,624	4,285	5,481
South Dakota	317	487	674
Tennessee	3,023	5,387	8,092
Texas	6,115[k]	8,732[k]	9,454[k]
Utah	611	941	1,065
Vermont	247[h]	436[h]	607[h]
Wisconsin	2,197	5,063	6,609
Wyoming	348	495	461
Total	49,161	77,387	95,622

21/ See p. 41 for footnotes for Tables 1-25.

Table 16 22/

Reports of Sexual Maltreatment for 34 States Providing Complete Information, 1984-1985

State	1984	1985
Arizona	2,528	3,500
California	43,056[b]	54,121[b]
Connecticut	1,019[c]	1,512[c]
Delaware	350	513
Florida	5,799	5,353
Georgia	1,992[f]	3,872[f]
Hawaii	279[g,h]	277[g,h]
Idaho	1,277	1,453
Illinois	7,134[j]	10,597[j]
Indiana	2,411	3,318
Iowa	2,864	3,052
Kentucky	2,172	3,456[k]
Louisiana	3,190	3,660
Maine	865[r]	990[r]
Massachusetts	2,826[b]	3,484[b]
Michigan	2,928	3,518
Mississippi	377	571
Missouri	2,663	2,844
Nevada	412	438
New Hampshire	327	359
New Jersey	1,155	1,842
New Mexico	1,705	2,436
New York	8,132[k]	8,345[k]
North Dakota	307[n]	351[n]
Oregon	3,947	4,364
Pennsylvania	4,285	5,481
South Dakota	487	674
Tennessee	5,387	8,092
Texas	8,732[k]	9,454[k]
Utah	941	1,065
Vermont	436[h]	607[h]
Washington	9,491	9,691
Wisconsin	5,063	6,609
Wyoming	495	461
Total	135,032	166,360

22/ See p. 41 for footnotes for Tables 1-25.

Table 17 [23]

Reports of Physical Injury to Children for 19 States Providing Complete Information, 1981-1985

State	1981	1982	1983	1984	1985
Delaware	250	550	900	1,090	974
Florida	8,740	9,830	10,524	14,400	12,796
Georgia	4,072[e]	4,137[e]	5,148[e]	6,003[f]	8,553[f]
Hawaii	759[g,h]	839[g,h]	1,016[g,h]	1,245[g,h]	1,424[g,h]
Illinois	18,271	17,097	17,557	16,507	14,716
Iowa	5,308	5,033	5,527	6,323	6,355
Kentucky	6,413	7,632	8,184	7,931	9,081[k]
Louisiana	5,103	6,538	7,307	8,426	8,647
Michigan	4,856	5,105	5,512	5,354	5,594
Nevada	651[k,q]	665[k,q]	684[k,q]	672[k,q]	826[k,q]
New Hampshire	117	94	384	454	478
New York	43,665[k]	45,623[k]	48,028[k]	50,332[k]	47,106[k]
North Dakota	466[n]	613[n]	590[n]	757[n]	867[n]
Oregon	2,275	2,409	2,873	3,177	3,060
Pennsylvania	4,008	4,543	4,697	5,510	4,880
Texas	14,615[k]	15,572[k]	16,338[k]	17,015[k]	17,013[k]
Vermont	217[c,h,p]	191[c,h,p]	408[c,h]	393[c,h]	473[c,h]
Wisconsin	2,931	3,135	2,981	5,150	6,678
Wyoming	619	709	862	1,050	653
Total	123,336	130,315	139,520	151,789	150,174

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[23] See p. 41 for footnotes for Tables 1-25.

Table 18[24]

Reports of Physical Injury to Children for 29 States Providing Complete Information, 1983-1985

State	1983	1984	1985
Connecticut	3,560[c]	3,916[c]	4,254[c]
Delaware	900	1,090	974
Florida	10,524	14,400	12,796
Georgia	5,148[j]	6,003[k]	8,553[k]
Hawaii	1,016[g,h]	1,245[g,h]	1,424[g,h]
Idaho	1,569	1,800	1,877
Illinois	17,557[j]	16,507[j]	14,716[j]
Indiana	8,001	8,843	10,423
Iowa	5,527	6,323	6,355
Kentucky	8,184[k]	7,931[k]	9,081[k]
Louisiana	7,307	8,426	8,647
Massachusetts	4,160	4,830	5,097
Michigan	5,512	5,354	5,594
Mississippi	394	527	1,168
Missouri	6,178	6,979	7,044
Nevada	684	672	826
New Hampshire	384	454	478
New Jersey	2,909	4,105	5,869
New York	48,028	50,332	47,106
North Dakota	590[n]	757[n]	867[n]
Oregon	2,873	3,177	3,060
Pennsylvania	4,697	5,510	4,880
South Dakota	584[k]	652[k]	856[k]
Tennessee	6,893	7,699	9,071
Texas	16,338[k]	17,015[k]	17,013[k]
Utah	994	964	1,082
Vermont	408[c,h]	393[c,h]	473[c,h]
Wisconsin	2,981	5,150	6,678
Wyoming	862	1,050	653
Total	174,762	192,104	196,915

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[24] See p. 41 for footnotes for Tables 1-25.

Table 19 [25]

Reports of Physical Injury to Children for 34 States Providing Complete Information, 1984-1985

State	1984	1985
Arizona	4,313	4,572
California	72,025[b]	86,694[b]
Connecticut	3,916[c]	4,254[c]
Delaware	1,090	974
Florida	14,400	12,796
Georgia	6,003[f]	8,553[k]
Hawaii	1,245[g,h]	1,424[g,h]
Idaho	1,800	1,877
Illinois	16,507[t]	14,716[j]
Indiana	8,843	10,423
Iowa	6,323	6,355
Kentucky	7,931	9,081[k]
Louisiana	8,426	8,647
Maine	811[h,m]	836[h]
Massachusetts	4,830	5,097
Michigan	5,354	5,594
Mississippi	527	1,168
Missouri	6,979	7,044
Nevada	672[q]	826[q]
New Hampshire	454	478
New Jersey	4,105	5,869
New Mexico	3,556	4,808
New York	50,332[k]	47,106[k]
North Dakota	757[n]	867[n]
Oregon	3,177	3,060
Pennsylvania	5,510	4,880
South Dakota	652	856
Tennessee	7,699	9,071
Texas	17,015[k]	17,013[k]
Utah	964	1,082
Vermont	393[c,h]	473[c,h]
Washington	13,850	11,733
Wisconsin	5,150	6,678
Wyoming	1,050	653
Total	286,659	305,558

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[25] See p. 41 for footnotes for Tables 1-25.

Table 20 26/

Reports of Neglect for 19 States Providing Complete Information, 1981-1985

State	1981	1982	1983	1984	1985
Delaware	330	760	1,325	1,550	1,755
Florida	5,714	7,151	7,550	23,891	25,072
Georgia	9,397[e]	10,598[e]	13,283[e]	15,489[f]	16,540[f]
Hawaii	410[g,h]	502[g,h]	615[g,h]	854[g,h]	815[g,h]
Illinois	64,592[j]	74,897[j]	76,913[j]	75,846[j]	59,734[j]
Iowa	14,398	14,283	12,602	12,202	11,584
Kentucky	17,616[k]	21,373[k]	23,843[k]	22,826[k]	26,367[k]
Louisiana	14,727	20,422	22,430	24,904	30,538
Michigan	19,046	18,783	18,885	17,959	17,264
Nevada	3,037	3,326	3,238	5,354	6,288
New Hampshire	507[r]	743[r]	397[r]	617[r]	529[r]
New York	62,163[k]	63,488[k]	68,557[k]	68,614[k]	68,287[k]
North Dakota	961[n]	1,089[n]	1,004[n]	1,186[n]	1,238[n]
Oregon	5,162	5,127	5,722	6,103	4,476
Pennsylvania	619	718	439	564	516
Texas	43,724[k]	45,781[k]	46,540[k]	43,405[k]	40,638[k]
Vermont	374[c,h,p]	343[c,h,p]	480[c,h]	483[c,h]	491[c,h]
Wisconsin	3,889	4,044	3,893	8,436	9,948
Wyoming	2,438	2,542	3,158	3,233	2,084
Total	269,104	295,970	310,874	333,516	324,164

26/ See p. 41 for footnotes for Tables 1-25.

Table 21 [27/]

Reports of Neglect for 29 States Providing Complete Information, 1983-1985

State	1983	1984	1985
Connecticut	5,120[c,d]	6,044[c,d]	6,328[c,d]
Delaware	1,325	1,550	1,755
Florida	7,550	23,891	25,072
Georgia	13,283[e]	15,489[f]	16,540[f]
Hawaii	615[g,h]	854[g,h]	815[g,h]
Idaho	3,165	3,725	4,275
Illinois	76,913	75,846	59,734
Indiana	16,096	17,704	20,127
Iowa	12,602	12,202	11,584
Kentucky	23,843	22,826	26,367[k]
Louisiana	22,430	24,904	30,538
Massachusetts	2,652	3,157	3,290[r]
Michigan	18,885	17,959	17,264
Mississippi	1,233	1,377	2,032
Missouri	29,703	32,302	33,537
Nevada	3,238[r]	5,354[r]	6,288[r]
New Hampshire	397[r]	617[r]	529[r]
New Jersey	4,165	8,241	7,241
New York	68,557[k]	66,614[k]	68,287[k]
North Dakota	1,004[n]	1,186[n]	1,238[n]
Oregon	5,722	6,103	4,476
Pennsylvania	439	564	516
South Dakota	2,095[o]	1,908[o]	3,033[o]
Tennessee	20,901	20,565	22,172
Texas	46,540[k]	43,405[k]	40,638[k]
Utah	3,189	3,404	3,422
Vermont	480[c,h]	483[c,h]	491[c,h]
Wisconsin	3,893	8,436	9,948
Wyoming	3,158	3,233	2,084
Total	399,193	431,943	429,621

[27/] See p. 41 for footnotes for Tables 1-25.

Table 22 [28]

Reports of Neglect for 34 States Providing Complete Information, 1984-1985

State	1984	1985
Arizona	3,905	5,121
California	115,870[b]	143,500[b]
Connecticut	6,044[c,d]	6,328[c,d]
Delaware	1,550	1,755
Florida	23,891	25,072
Georgia	15,489[f]	16,540[f]
Hawaii	854[g,h]	815[g,h]
Idaho	3,725	4,275
Illinois	75,846	59,734
Indiana	17,704	20,127
Iowa	12,202	11,584
Kentucky	22,826	26,367[k]
Louisiana	24,904	30,538
Maine	602[h]	1,052[h]
Massachusetts	3,157[r]	3,290[r]
Michigan	17,959	17,264
Mississippi	1,377	2,032
Missouri	32,302	33,537
Nevada	5,354[r]	6,288[r]
New Hampshire	617[r]	529[r]
New Jersey	8,241	7,241
New Mexico	7,314	9,295
New York	68,614[k]	68,287[k]
North Dakota	1,186[n]	1,238[n]
Oregon	6,103	4,476
Pennsylvania	564	516
South Dakota	1,908[o]	3,033[o]
Tennessee	20,565	22,172
Texas	43,405[k]	40,638[k]
Utah	3,404	3,422
Vermont	483[c,h]	491[c,h]
Washington	16,767	16,414
Wisconsin	8,436	9,948
Wyoming	3,233	2,084
Total	576,401	605,003

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[28] See p. 41 for footnotes for Tables 1-25.

Table 23 [29]

Reports of Fatalities for 19 States Providing Complete Information, 1981-1985

State	1981	1982	1983	1984	1985
Arkansas	10	7	9	19	9
Colorado	10	20	11	20	12
Florida	8	18	13	7	9
Hawaii	4 [g,h]	3 [g,h]	4 [g,h]	2 [g,h]	1 [g,h]
Illinois	177 [j]	128 [j]	107 [j]	88 [j]	115 [j]
Indiana	15	21	30	31	29
Iowa	10	7	9	11	9
Kansas	10	10	8	5	9
Maryland	10	23	16	10	9
Nevada	0	1	6	3	6
New York	143	150	173	136	130
N. Carolina	12	13	15	16	8
Oklahoma	13	18	21	16	16
Oregon	0	5	4	3	5
Pennsylvania	46	52	35	42	35
Vermont	0 [p]	0 [p]	0	0	0
Virginia	38	10	19	16	14
Wisconsin	8	9	16	17	9
Wyoming	2	0	6	0	3
Total	516	495	502	442	428

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[29] See p. 41 for footnotes for Tables 1-25.

Table 24 30/

Reports of Fatalities for 27 States Providing Complete Information, 1983-1985

State	1983	1984	1985
Arkansas	9	19	9
Colorado	11	20	12
Connecticut	24	18	7
Florida	13	7	9
Hawaii	4[g,h]	2[g,h]	1[g,h]
Idaho	3	6	1
Illinois	107[j]	88[j]	115[j]
Indiana	30	31	29
Iowa	9	11	9
Kansas	8	5	9
Louisiana	54	33	40
Maryland	16	10	9
Massachusetts	30	38	27
Missouri	20	32	24
Nevada	6	3	6
New Jersey	21	21	20
New York	173	136	130
N. Carolina	15	16	8
Oklahoma	21	16	16
Oregon	4	3	5
Pennsylvania	35	42	35
S. Carolina	10	6	21
Utah	4	5	8
Vermont	0	0	0
Virginia	19	16	14
Wisconsin	16	17	9
Wyoming	6	0	3
Total	668	601	576

30/ See p. 41 for footnotes for Tables 1-25.

Table 25 [31]

Reports of Fatalities for 29 States Providing Complete Information, 1984-1985

State	1984	1985
Arkansas	19	9
Colorado	20	12
Connecticut	18	7
Florida	7	9
Hawaii	2[g,h]	1[g,h]
Idaho	6	1
Illinois	88[j]	115[j]
Indiana	31	29
Iowa	11	9
Kansas	5	9
Kentucky	22	10
Louisiana	33	40
Maine	2	1
Maryland	10	9
Massachusetts	38	27
Missouri	32	24
Nevada	3	6
New Jersey	21	20
New York	136	130
North Carolina	16	8
Oklahoma	16	16
Oregon	3	5
Pennsylvania	42	35
South Carolina	6	21
Utah	5	8
Vermont	0	0
Virginia	16	14
Wisconsin	17	9
Wyoming	0	3
Total	625	587

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[31] See p. 41 for footnotes for Tables 1-25.

General Explanatory Notes - Chapter I

1. State Fact Sheets contain raw data, as submitted by the states, on 1985 reports of child abuse and neglect.

2. As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Explanatory Notes Tables 1-3

1. Source Code:
    An estimate - New Mexico, South Carolina, West Virginia
    Computerized information system - Alaska, Arizona, Arkansas, Connecticut, Delaware, Florida, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, Wyoming
    Manual count - Alabama, California, Colorado, District of Columbia, Idaho, Kansas, New Hampshire, Ohio
    Counts by individual jurisdictions within State - Louisiana, North Dakota
    Other

2. Estimate computed based on nationally derived ratio of children to families or families to children. In 1985, the conversion factor from families to children is 1.731 and the conversion factor from children to families is .578.

States providing only family reports on the survey that were converted to child reports were: Alaska, Arizona, Colorado, Delaware, Florida, Idaho, Maine, Mississippi, Nebraska, Nevada, New Hampshire, Rhode Island, South Carolina, Utah, Vermont, West Virginia.

States providing only child reports on the survey that were converted to family reports: Alabama, Connecticut, District of Columbia, Indiana, Maryland, Montana, New Jersey, New Mexico, Ohio, Oklahoma, Pennsylvania, Tennessee, Virginia, Washington, Wisconsin.

3. Duplicated reports - Alabama, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, Wisconsin.
    Unduplicated reports - Alaska, Arizona, Idaho, Iowa, Kansas, Maine, Nevada, New Hampshire, North Dakota, Oklahoma, Tennessee, West Virginia, Wyoming.

Footnotes Tables 1-3

[a] Alaska total for families "is not number of reports, but number of cases. A case is usually a family group."

[b] Connecticut totals from State fiscal year (July 1-June 30), not calendar year, and do not include all referrals, only reports to be investigated.

[c] Georgia 1985 child reports are estimated, based on information in a computerized information system.

[d] Iowa 1985 totals represent all referrals that meet the definition of child abuse given in the State Handbook. Also, approximately 30% of family reports had been reported at some time previously, but no statistics were kept on the number of duplicate reports on the same family that year.

[e] Louisiana total reports provided for FY 1985 (July 1984-June 1985), not calendar 1985.

[f] Michigan 1985 child reports total represents number of children in families studied; family reports total represents number of referrals studied during FY 1985 (October 1, 1984 - September 30, 1985), with a family equal to a referral. Duplicates would occur if a family was referred and studied more than once in a year. Not all referrals are included in totals because some calls are not accepted as referrals and therefore not investigated.

[g] Montana totals cover State FY 1985 (July 1, 1984 - June 30, 1985), not calendar year.

[h] Nevada reported that 1985 total is an estimate, noting "not all reports have been submitted from contributing jurisdictions."

[i] As noted elsewhere in this report, the increase in child abuse reports for Oregon may be due in substantial degree to a change in data collection methods, from hand-counted data in 1981 to computer-counted data in 1985 (see in Appendix A, the table from the A.H.A. 1981 report sent to the States with the Committee survey; see also Explanatory Note 2, p. 40).

[j] Utah total for 1985 represents family investigations.

Footnotes Tables 14-25

[a] In 1983 and 1985, "Caretaker Incapacity or Absence," "General Neglect," and "Severe Neglect" were added to "Deprived of Necessities/Neglect."

[b] The counties in California provide the State with a monthly summary report of cases. Therefore, reports may be manually counted or computerized, depending upon how the county operates.

[c] Figures represent the number of children.

[d] "Deprived of Necessities/Neglected" contains figures on abandonment.

[e] Source code is estimate based on information in a computerized information system.

[f] Count is estimated based on a combination of counts provided by individual jurisdictions and information in a computerized information system.

[g] Categories are not exclusive.

[h] Figures represent substantiated reports.

[i] No figures available (for 1981-1982).

[j] Figures represent fiscal years, not calendar years.

[k] Reflects counts for which more than one type of abuse may be reported.

[l] Source information was not provided for 1981, 1982 or 1983.

[m] Information is not available prior to 1981.

[n] Figures represent family reports.

[o] "Deprived of Necessities/Neglected" includes emotional maltreatment.

[p] Counts for 1981 and 1982 are provided by the American Association for Protecting Children, in Colorado.

[q] "Physically Injured" includes major and minor injuries.

[r] "Deprived of Necessities/Neglected" includes all categories of neglect.

CHAPTER II. RESOURCES AVAILABLE TO STATES FOR CHILD PROTECTION AND CHILD WELFARE SERVICES

Between 1981 and 1985,[1] resources available for the prevention and treatment of child abuse and neglect did not keep pace with the number of children and families in need of such services.

A. Federal Programs Available for Prevention and Treatment of Child Abuse and Neglect

Several federal, State and local programs provide resources to address problems of child abuse and neglect. A brief description of the federal programs follows.[2]

Title XX

Under the Title XX Social Services Block Grant States receive federal funds to provide various social services. Within very broad guidelines, States are free to choose which populations to serve and which services to provide. Services might include home-based services for the elderly, transportation services for the handicapped, or child protection services for abused and neglected children.

Title XX is, by far, the largest source of federal funds available to States for child protection and child welfare services. In Fiscal Year 1981, $2.9 billion was appropriated for Title XX. In addition, in FY 1981, the States were required to provide a 25 percent match to be eligible for federal Title XX funds. The federal funds were cut by 21% to $2.4 billion under the Omnibus Reconciliation Act of 1981. There have been small increases since, but they have failed to restore funding, even before accounting for inflation, to 1981 levels. Appropriations in FY 1985 were $2.725 billion.

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[1] Question 9 on the survey requested information for fiscal years 1976 and 1981-1985. Very few States were able to provide complete data for FY 76. As a result, analysis was only done for FY 1981-85.

[2] For a complete description of the federal programs, Title XX Social Services Block Grant, Title IVB, Title IVE, Child Abuse Prevention and Treatment Act, see Appendix II.

As Tables 26-32 indicate, reduction of Title XX funds has meant, for many States, a substantial loss of resources to address child protection and child welfare needs, including child day care and other services. Other States have maintained spending levels for child protection and child welfare under Title XX, but have done so by shifting funds within Title XX away from other eligible populations.

Title IVB

Title IVB of the Social Security Act, also known as Child Welfare Services, provides matching federal grants to States for the provision of child welfare services to children and their families, regardless of income. Since 1980, most of these resources have been directed toward permanency planning. Appropriations for this program increased from $141 million in FY 1981 to $200 million in FY 1985.

Title IVE

Title IVE of the Social Security Act (referred to as the Foster Care program), provides matching funds to the States for maintenance payments for AFDC-eligible children in foster care. The program is an entitlement for eligible children and the amount each State receives is based on the number of children, including abused and neglected children, the State places in foster care. Title IVE funds increased between FY 1981 and FY 1985, from $349 million to $485 million.

Child Abuse Prevention and Treatment Act

The Child Abuse Prevention and Treatment Act (CAPTA) is the only federal program solely designed to prevent, identify and treat child abuse and neglect.[3] Most of the funds available through CAPTA are distributed to States through formula grants. This program was also cut in FY 1981, from $23 million to $17.2 million -- a 30% loss. Funds were increased to $26 million in FY '85, but remain well below FY 1981 levels after accounting for inflation.

B. Federal Resources Decline in Most States

Of the 31 States providing complete program-by-program information for FY 1981-1985, 26 States lost federal support, in one or more federal programs (Arizona, Arkansas, California, Florida, Hawaii, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia (Table 34).[4] Only seven of these States also had gains in federal funds which offset the losses resulting in an overall net gain in federal resources (Arkansas, Florida, Kentucky, Michigan, New Mexico, Pennsylvania, Tennessee).

The net federal resources lost across the 31 States amounted to $131.5 million, in constant 1982 dollars.

Title XX

Most of the reductions came from Title XX funds, $242.5 million. Nineteen States lost Title XX funds (Arizona, California, Hawaii, Idaho,

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[3] During 1985, Congress enacted legislation to provide federal matching grants to States that had established a trust fund, or other funding mechanism, for child abuse prevention activities. Current appropriations are $5 million.

[4] Table 32 includes funding information on Title IVE, however, Title IVE is excluded from the analysis in Sections B and C of Chapter II. The entitlement nature of the Title IVE program means that changes in each State's allocation are based largely on factors such as the number of children in substitute care rather than on State determinations about where to direct resources. Losses or gains in Title IVE funding do not, as a result, help identify trends in resources available to States to address child abuse and neglect.

Indiana, Iowa, Maine, Maryland, Minnesota, Mississippi, Missouri, New Jersey, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia). However, 12 States chose to redirect more of their Title XX allotment away from other eligible Title XX populations such as the elderly, or the handicapped, to address child abuse and neglect, resulting in an additional $72.1 million targeted in this area (Alabama, Arkansas, Florida, Georgia, Illinois, Kentucky, Louisiana, Michigan, Montana, Nevada, New Mexico, West Virginia). Together, these changes resulted in a net loss, in real terms, of $170.4 million.

In 1985, 15 States used more Title XX funds for child protection and child welfare services than were available from any other single source -- federal, State, or local (Alabama, Hawaii, Idaho, Illinois, Louisiana, Mississippi, Minnesota, Missouri, Nevada, New Mexico, North Dakota, South Carolina, South Dakota, Tennessee, Texas).

In addition, in FY 1985, 27[5/] States each used more federal funds from Title XX for provision of child protection and child welfare services than from any other federal funding source (Alabama, Arizona, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Jersey, New Mexico, North Dakota, South Carolina, South Dakota, Tennessee, Texas, West Virginia).

[5/] Pennsylvania and Arkansas spent more funds under the Title IVB program than the Title XX program for child welfare services and California expended more money under Title IVE than Title XX, both for FY 1982-84 and in FY 1985 when the state spent no Title XX funds on children's services. It is unclear how much Title XX funding Virginia used for child protection and child welfare services, compared with other funding sources, since Virginia provided only combined Title XX and Title IVB funding information on the survey.

Title IVB

Losses in the other federal programs were small by comparison. Ten States reported losing some Title IVB funding, amounting to $4.5 million (Arizona, Hawaii, Iowa, Kentucky, Louisiana, Michigan, Missouri, North Dakota, South Carolina, South Dakota). In contrast, 20 States received increased funding under this program amounting to $36.8 million (Alabama, Arkansas, California, Florida, Georgia, Idaho, Illinois, Indiana, Maine, Maryland, Minnesota, Mississippi, Montana, Nevada, New Jersey, New Mexico, Pennsylvania, Tennessee, Texas, West Virginia). The net gain, in real terms, in resources to address child abuse and neglect under the Title IVB program was $32.3 million in constant 1982 dollars.

Child Abuse Prevention and Treatment Act (CAPTA)

Twenty-six of the 31 States providing information were eligible for CAPTA funding during the period 1981-85. Of these 26, 11 States lost some Child Abuse Prevention and Treatment Act funding for a total loss of $0.7 million (Arkansas, California, Hawaii, Iowa, Kentucky, Louisiana, Maine, Minnesota, New Mexico, South Carolina, Texas). Fifteen States received additional CAPTA resources amounting to $0.8 million (Alabama, Florida, Georgia, Illinois, Iowa, Michigan, Missouri, Montana, Nevada, New Jersey, North Dakota, South Dakota, Tennessee, Virginia, West Virginia) . Three other States became eligible for CAPTA funding some time after 1981 (Arizona, Idaho, Maryland).

Summary of Federal Funding Losses

As Table 26 below indicates, when comparing the net gains and losses for the federal programs providing resources to address child abuse and neglect States lost a total of $131.5 million, in constant 1982 dollars, between FY 1981 and FY 1985.

Table 26

Net Gains and Losses in Federal Funding in Constant 1982 Dollars, FY 1981-1985

Title XX (N=31)	Title 4B (N=30)[a]	CAPTA (N=29)[b]	Other[c] (N=12)
-$170.4m.	+$32.6m.	+$0.3m.	+$6.4m

Net Federal loss: -$131.5 million

[a] Virginia's Title IVB figures are included in Title XX figures.

[b] Two States, Indiana and Pennsylvania, were not eligible for CAPTA funding during 1981-85 and are not included.

[c] Includes funds such as OASDI (Social Security Survivor and Disability benefits), WIN (Work Incentive Program) funds, etc.

C. States Struggle to Overcome Federal Losses

State and local governments have traditionally directed some of their own resources to address problems affecting abused and neglected children. In 28 of the 31 States providing complete program-by-program funding information, State and/or county funds comprise the first (15 States) or second (13 States) largest source of funding for child abuse and neglect programs. These funds include State General Funds, Children's Trust Funds, and other state and local programs.

Between FY 1981-1985, just as there was a decrease in federal funding, many States and localities also cut the resources they contributed to address child welfare and child protection services. Fifteen of these 31 States had a net decrease in constant 1982 dollars in State and local funds between 1981-1985 amounting to $71.3 million in constant 1982 dollars (Alabama, Arizona, Hawaii, Idaho, Illinois, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Mexico, North Dakota, South Dakota, Virginia). The remaining 16 States had a net increase in State and local funding amounting to $240.5 million in constant 1982 dollars, but nearly 45% of this increase was in one State alone, California (Arkansas, California, Florida, Georgia, Indiana, Iowa, Kentucky, Maine, Maryland, Montana, New Jersey, Pennsylvania, South Carolina, Tennessee, Texas, West Virginia).

Thus while the State and local contribution to address child abuse and neglect realized a net $169.2 million increase for the 31 States, when California is excluded from those calculations, it becomes evident that the other 30 States shared only a $35.9 million increase in State and local resources, slightly more than $1 million per State.

D. Resources Targeted at Child Abuse and Neglect Have Failed to Keep Pace With Increased Reports

An analysis of the federal, State and local funding data described above shows that there was a $37.7 million overall gain, in constant 1982 dollars, in resources available for child abuse prevention and treatment during the five year period 1981-1985. This 1.9% increase amounted to a little more than $1 million per State.[6]

Child abuse and neglect reports have increased faster than available federal, State and local resources in 29 of 31 States reporting such information for 1981-85 (Table 31, p. 64)[7].

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[6] When California's disproportionate share of the increased resources is excluded from the analysis, it is evident that the remaining States experienced a 1.0% -- or $17.2 million -- loss in resources to address child abuse and neglect.

[7] Thirty-three States submitted aggregate funding information for FY 1981-85. Two of these States, Rhode Island and Vermont, submitted aggregate funding data but were unable to breakout program-by-program information. Consequently only 31 States are used in this analysis.

Many of the States suffering the greatest shortfall of funds, in constant 1982 dollars, were those undergoing the steepest increases in reports:

Table 27*

States with Child Abuse Reporting Increases in Excess of 50% That Reported Funding Losses
(by State)

States with Child Abuse Reporting Increases in Excess of 50%, 1981-1985		Percent Change in Aggregate Funding, 1981-1985 (in constant 1982 $)
Arizona	+445.4%	-2.2%
Hawaii	+54.4%	-9.6%
Maryland	+65.7%	-33.2%
Minnesota	+67.0%	-9.3%
Mississippi	+136.7%	-15.9%
Nevada	+75.4%	-5.8%
North Dakota	+60.3%	-23.5%
South Dakota	+82.3%	-37.2%

* Table 27 is derived from Table 31, p. 64.

Many States with the steepest increases in reports had a slight increase in available resources, but not an increase approaching the level of increased reports:

Table 28*

States with Child Abuse Reporting Increases in Excess of 50% That Reported Funding Gains
(by State)

States with Reporting Increases in Excess of 50%, 1981-1985		Percent Change in Aggregate Funding 1981-1985 (in constant 1982 $)
Alabama	+68.3%	+4.8%
California	+51.9%	+24.8%
Florida	+90.5%	+26.7%
Indiana	+54.4%	+1.8%
Maine	+50.7%	+17.8%
Michigan	+66.2%	+13.5%
New Jersey	+98.3%	+3.6%
New Mexico	+104.3%	+9.5%
Pennsylvania	+53.1%	+2.8%
West Virginia	+192.1%	+28.2%

*Table 28 is derived from Table 31, p. 64.

Most States that experienced a less than 50% increase in the number of children reported as abused or neglected lost resources between 1981-85, although some noted a small increase:

Table 29*

Aggregate Funding Changes in States with Child Abuse Reporting Increases Less than 50%
(By State)

Reporting Increases Less than 50% (1981-1985)		Percent Change in States with Aggregate Funding 1981-85 (in constant 1982 $)
Idaho	+42.4%	-13.5%
Illinois	+43.3%	+6.1%
Iowa	+4.9%	-7.0%
Louisiana	+21.8%	+3.2%
Missouri	+41.4%	-38.2%
South Carolina	+49.6%	-6.4%
Tennessee	+6.6%	+1.7%
Texas	+32.7%	+15.1%
Virginia	+25.4%	-29.0%

*Table 29 is derived from Table 31, p. 64.

In four States there were significant increases in aggregate funding between FY 1981-85, or increases which appear to have kept pace with increased reports:

Table 30*

States with Aggregate Funding Increases Which Appear to Keep Pace with Child Abuse Reporting Increases, 1981-1985

States		Funding Increases '81-85 (in constant 1982 $)
Arkansas	+39.5%	+67.6% 8/
Georgia	+99.4%	+255.2%
Kentucky	+23.3%	+21.9%
Montana	+5.2%	+9.2%

*Table 30 is derived from Table 31; p. 64.

8/ While Arkansas reports increased overall funding to address child abuse and neglect by 67.6% between FY 1981-85, actual spending, in real terms, only increased from $3.3 million to $5.5 million (Table 31).

E. Most States Unable to Report How Many Children Are Served

Question 9 on the survey asked States to indicate how many children were served by each funding source for the years 1976, and 1981-85 and were asked to total the number served by each year.

All but three States (Georgia, Iowa, Montana) were unable to indicate the number of children receiving services, by each funding source, for the years requested. And among these three, Iowa noted that children receive services from more than one program so that the numbers provided are duplicative.

Eleven States (Hawaii, Mississippi, Nebraska, North Carolina, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Virginia) were able to report the number of children served by at least one funding source, usually Title XX (8), or Title IVE (6).

Seven additional States (District of Columbia, Kentucky, Nevada, Ohio, Oklahoma, Oregon, Vermont) were able to give totals only. However, Kentucky once again noted that the totals reflect duplications since the children receive services from more than one program.

As a result of the low level of response, and duplicative information, reliable analysis of the number of children served was not possible.

F. Most States Unable to Describe Expenditures for Each Service Provided

States were asked to report expenditures from 1981-85, by funding source, for six major categories of services commonly provided for abused and/or neglected children, their families, and those who work with them: "intake/investigation/assessment/planning," "substitute care," "adoption services," "casework/treatment," "day care," "staff training and education."[9]

Only four States provided complete information for all six service categories for the years 1981-85 (Georgia, Montana, New Jersey, Maine). Two more States (Utah, Kansas) were able to provide complete information for all six services for the years 1982-85.

Eight other States (Alabama, Arizona, California, Kentucky, Nevada, New Mexico, Pennsylvania, Texas) were able to provide complete information for one or more service categories for the years 1981-85, but not all six. Florida, Idaho, Ohio, and Connecticut provide complete information for at least one service category for the years 1982-85.

Most of the 33 States that did not provide fairly complete information were able to explain their reasons in the course of a follow-up effort to obtain more complete information.

Budget officials in 12 States (Tennessee, Oklahoma, Nebraska, Louisiana, Colorado, Illinois, Iowa, Michigan, North Carolina, Hawaii, Kentucky, South Carolina) reported difficulty matching their service categories with the six service categories described on the survey.

Ten States (Wisconsin, West Virginia, Wyoming, Alaska, South Dakota, Indiana, Minnesota, Vermont, Virginia, Missouri) reported that they did not know how funds were expended, by funding source for one or more of the six categories. Wisconsin and Virginia, for example, explained that federal and State monies are pooled and distributed to counties, or welfare districts, which purchase or provide services for a number of target groups, including abused and neglected children. Missouri and Vermont explained that in rural areas of the State, one social worker typically handles all social service needs for a given population area. It is not known how much time, hence service cost, is spent on intake and investigation of child abuse reports, or in delivery of casework services, versus other activities such as arranging services for low-income elderly clients.

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[9] Question 10 on the survey. States were asked to complete a chart indicating for the years 1981-85, how federal, state and local funds were expended for six specific service categories. See Appendix I for a copy of the survey instrument.

Five States said they had changed accounting systems, or shifted administrative structures so that information was not available for earlier years (Washington, Oregon, Delaware, Mississippi, New Hampshire).

G. Half the States Able to Provide General Information on Resource Allocation for Other Selected Services

In addition to asking States about specific expenditures over the past five years for six major services, they were also asked to indicate general trends in expenditures, for certain other services such as homemakers, parent education, public awareness efforts, for fiscal years 1981-85.[10/] More States were able to respond to this request for simpler, less specific information.

[10/] Question 11 on the survey. States were asked to fill out a chart indicating whether, for the fiscal years 1981-85, total expenditures had increased, decreased, or remained about the same for the following list of services: "Homemaker -- for children," "Parent Aide," "Respite Care," "Crisis Nursery," "Parent Education or Skills Training," "Recreation -- day camp, etc.," "Public Awareness Efforts," "Other, Please Describe." States were also asked to comment on why, if shifts were noted, they occurred. For a copy of the survey instrument, see Appendix I.

Since most States were operating with severely constrained resources (see pp. 45 through 48), many began to shift or target resources to high priority services. The following section identifies the priority areas where States have placed their resources.

Public Awareness, Parent Education, and Homemaker/Parent Aide Services Received Increased Funding

Of the 45 States that provided some information about general expenditure trends, 26 reported a rise in expenditures for public awareness programs. Colorado, for example, noted that day care providers were given a $50,000 grant to distribute materials on child abuse and neglect. In Florida, where resources to promote public awareness were also increased, greater public awareness was also attributed to increased reports of abuse in unlicensed day care centers and the death of a child in an overcrowded foster home. Spending for public awareness remained constant in eight States; it did not decline in any State.

Spending for parent education increased in 22 States. Iowa, for example, funded parent education through grants and local child abuse councils because it has "increasingly shown its usefulness to treatment" (16). In Wisconsin, special projects involving parent education were funded by its Children's Trust Fund. Funding for parent education was constant in another ten States, including Montana, where training for foster care parents received support. Parent education efforts declined in Georgia, constraining that State's Home Management Outreach Projects, and in Alabama, after an initial increase in funding.

Homemaker Services

Funds for homemaker services expanded in 22 States. Spending on homemaker services stayed the same in nine States. In eight States, funds for homemaker services were cut back.

Colorado, for example, noted that it lost $6 million due to cuts in the Title XX Social Services Block Grant. Lost federal dollars necessitated "cutting, restructuring and refinancing" (6) these services. In North Dakota, homemaker services were shifted to the aged, while in Virginia, services for children at risk were reduced. Spending on homemaker services stayed the same in nine States.

Parent Aides

Expenditures for parent aides increased in 16 States. In North Dakota, this service was initiated on a limited basis in 1985. In Iowa, grants from a variety of sources, including local child abuse councils, increased the amount spent statewide on parent aides. In seven States, including Virginia, where most parent aides are volunteers, funding for parent aides was static. Among the five States where parent aide funding declined, Washington had to reduce the number of parent aides from 300 to 12. In Alabama, money for parent aides rose initially and then fell.

Respite Care

Respite care services received higher funding in 11 States. In the District of Columbia, for example, contracts are now being developed for the purchase of in-home and out-of-home respite care for handicapped children, for overburdened foster parents, for parents of teenagers, and for young mothers at risk of out-of-home placements for their children.

Respite care spending remained the same in eleven States, and declined in two others. At least 18 States do not fund respite care services.

Crisis Nurseries

Crisis nurseries received additional funds in 14 States, such as Louisiana, where emergency shelters and crisis intervention services increased. Similarly, in Wisconsin, 14 crisis/respite care projects were started in 1985. Funds for crisis nurseries remained constant in six States and declined in four others. At least 19 States do not provide this service.

Recreation

Of all services, recreation received the least support. Four States increased funds, four States cut funds, and funding remained steady in 14 States. In Louisiana, for example, recreation and social development services declined in priority and, consequently, in their provision. Recreation services are not offered in at least 21 other States.

Trends In Selected Services Reported by States

States were asked to add any other comments on general trends in expenditures for services that were not specifically listed in the survey. Five States noted a shift toward family preservation programs. Florida noted a new practice of removing children from residential treatment to home counseling. Federal cuts, however, forced Florida to discontinue all innovative efforts and fund only the most essential services. Virginia increased expenditures for family therapy and public awareness programs to prevent foster care placement. Texas noted that it has increased funding for therapy and counseling services. Minnesota commented that it has increased family-based services for "financial and practical reasons" (24). Family-based services, such as parent aides, are seen as a way to help children remain with their families, or return to them sooner.

A trend toward expanded prevention services was documented by five States (Michigan, New Jersey, New York, Oregon, Wisconsin). For instance, "community development" funds in New Jersey were used for prevention and community support programs. An office of community education was created there, as was a Governor's Task Force on child abuse and neglect. Both Oregon and New York spent more on primary prevention, particularly for pregnant and parenting teenagers. In contrast, Colorado said that it had to cut back on prevention and "things have to get very bad before intervention occurs" (6).

Michigan described an overall budget shift involving an expansion of parent aides, counseling, and homemaking services, which were primary services prior to FY 1984, to include parent education, respite care, child sexual abuse services, and stress management services. Program administrators expressed concern about their inability to extend their Parent Nurturing Program, as well as other effective prevention efforts, due to insufficient resources.

Spending on foster care and/or for group homes rose in five States (Arkansas, Illinois, Michigan, Mississippi, New York). Arkansas expanded its residential treatment services for children with more serious problems coming into or remaining in foster care. In Mississippi, where funding has been fairly stable due to budgetary constraints, "increased efforts in permanency planning as required by P.L. 96-272 have caused an increase in expenditures for children in Placement and Adoption Services" (25).

Alabama, Kentucky, Michigan, New York, and Pennsylvania mentioned a shift in funding toward child protective services (CPS). Alabama commented that more Title XX money went for CPS, even though the overall Title XX allocation to the state had decreased. In Kentucky, there was a shift from generic (counseling) services to protective services.

Maine and New York noted that spending for day care services had increased.

H. If States Could Add or Shift Resources Most States Would Use Additional Resources for Treatment/Community-Based Services

States were asked to describe how they would shift or add resources for child protective and child welfare services.[11]

Treatment Services Would Receive a Higher Priority

Treatment services for abusive and/or neglectful families, and accompanying community-based or in-home support services were the most frequently mentioned areas to which States would add resources. Thirty-six States specifically mentioned the need for more treatment resources, specialized placements, or in-home services, such as parent aides. Minnesota, for example, indicated additional resources would be spent on "Treatment, with more attention to helping the child victims deal with their victimization so that we can more effectively interrupt the intergenerational cycle of child maltreatment" (24).

In-Home Services

Eight States specifically mentioned the need for increased in-home treatment services (Delaware, South Dakota, Utah, Washington) or in-home supports such as parent aides or homemakers (Alabama, Alaska, North Dakota, South Carolina,). Three states (Idaho, Kansas, Wisconsin) discussed the need for family-based or family-centered treatment, as opposed to an individualized treatment model.

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[11] Question 16 on the survey. See Appendix I for a copy of the survey instrument.

Adolescents

Three States (New Mexico, Indiana, Texas) mentioned the need for additional resources for children who are aging out of the foster care system and need assistance in preparing for emancipation. Both the District of Columbia and Louisiana also mentioned the need to develop more placement resources for adolescents and especially teenage "throwaways."

Specialized Treatment

Seven States (Alabama, Missouri, Minnesota, Maryland, South Dakota, New Mexico, Wyoming) discussed the need for more specialized treatment resources, including therapeutic foster care settings, and residential treatment centers. Nine States (Colorado, Kentucky, Maryland, Massachusetts, North Dakota, Tennessee, Texas, Utah, Wyoming) pointed out their need for increased resources to treat victims of child sexual abuse, or to treat perpetrators.

Maryland's response typifies much of what other States said about the need to shift or add resources in the treatment area, both in terms of counseling assistance, and specialized placements:

> ...Because of the rise in protective services caseloads, staff are needed both for investigations as well as continuing services. Treatment resources are particularly needed for sexually abused children....As can be expected, the rise in protective services cases is generating an increase in foster care placements at a time when the supply of foster homes is diminishing. Because children coming into care are very seriously disturbed and often have

> overlapping problems of mental illness, mental retardation, learning disabilities, and sexually acting out behavior, more specialized types of placement resources are needed, but not readily available (21).

States Would Also Shift Resources Toward Prevention

Thirty-two States said they would increase prevention efforts to address the problem of child abuse and neglect. Most States discussed the need to expand efforts; Montana said there was a need to initiate prevention programs as there currently are none in that State. Vermont noted the importance of providing a stable source of funding for prevention efforts.

Seven States (Arkansas, California, Connecticut, Georgia, New Hampshire, Rhode Island, Washington) specifically discussed the need to prevent placement of children from troubled families.

Four States discussed the need to increase services to high risk families to prevent eventual abuse or neglect. An example of the latter is Michigan, which responded as follows:

> We believe there are considerable numbers of referrals who under our current classification system are considered to be unsubstantiated, but who nevertheless are "families in need of services." As such, more resources and attention should be directed at assisting these families so they will not be further propelled into the child welfare and juvenile court system.
>
> An emphasis on prevention and a re-emphasis on basic family service programs is needed (23).

Seven States (Arizona, Arkansas, Delaware, Kentucky, Missouri, Washington, Wisconsin) also specifically mentioned the need to develop primary prevention resources, such as parent education programs in the schools. Arizona was particularly eloquent and instructive in its discussion of the need for primary prevention in the field of child maltreatment. The entire response follows:

> National leaders who are expert in the analysis of child abuse and neglect issues reinforce data indication that the roots of the problem are bound with poverty, unemployment, inadequate information about parenting and normal child development, lack of social and emotional support/networking, and psychological problems often associated with poor nurturing in the parents' own childhood. Basic societal forces, economic and social, become the setting which breeds abuse and neglect for a spectrum of the population, including children. In this context, the provision of adequate economic, social, health, and educational resources must be part of the solution of the child abuse/neglect problem.
>
> Additionally, those who have studied and researched the problem indicate that in order to break the cycle of intergenerational abuse/neglect there must be a primary prevention effort involving particularly first time, and young parents. Parent skills and child-rearing can be taught as part of a family life curriculum in our primary, intermediate, and high schools. It has been stated by eminent leaders in this field that parent education can be as much a cure for abuse as public health programs have been for tuberculosis and contagious diseases of childhood. Various excellent demonstration models exist in different parts of the United States. The most effective seem to provide individual help in the home to particularly high risk young families, frequently as a natural adjunct to health care services. These programs provide nursing/educational/social service help in the home, and have been successful in reducing known potential risks to young children. These types of programs have a sound rationale in the place of heavy emphasis on "curing" the abuse after it has happened (3).

States' Staffing Resources Would Be Enhanced[12]

Eighteen States would use additional resources to expand child protective services staff, improve training, or increase salaries to attract and retain experienced workers. Seventeen of those 18 States (Arkansas, District of Columbia, Hawaii, Idaho, Iowa, Maryland, Mississippi, Nebraska, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Texas, Utah, Wisconsin) mentioned the specific need for additional, well-trained staff to conduct investigations. This is listed as the first of four priorities in

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[12] For a further discussion of staffing issues, see Chapter III, Section A.

Utah, whose comments are typical of this group of states: "Staff are becoming overwhelmed with referrals" (45).

Five States (Colorado, Maine, Maryland, New Mexico, Oklahoma) indicate there is a need to increase the number of child protective service workers in order to reduce rising caseloads.

TABLE 31 13/

Trends in Child Abuse Reporting Compared to Trends in Total Funding to Address Child Abuse 1981-1985 by State

State	Percent Change in Child Abuse Reports			Percent Change in Total Funding (Constant Dollars)		
	1981	1985	Percent Change	1981	1985	Percent Change
Alabama	18,654	31,385	68.2%	47,192,707	49,469,963	+4.8%
Alaska	7,748	13,382	72.1%	.	.	.
Arizona	7,892	43,043	445.4%	31,108,673	30,420,142	-2.2%
Arkansas	14,393	20,081	39.5%	3,271,365	5,482,849	+67.6%
California	179,735	272,953	51.9%	385,147,404	480,603,448	+24.8%
Colorado	10,908	13,825	26.7%	.	.	.
Connecticut	10,180	16,804	65.1%	.	.	.
Delaware	4,741	8,051	69.8%	.	.	.
Dist. of Col.	5,113	6,073	18.8%	.	.	.
Florida	68,446	130,393	90.5%	102,551,899	129,952,127	+26.7%
Georgia	22,763	45,489	99.4%	11,324,069	40,217,404	+255.2%
Hawaii	2,635	4,069	54.4%	20,576,844	18,592,175	-9.6%
Idaho	9,578	13,640	42.4%	11,905,195	10,293,964	-13.5%
Illinois	47,586	68,203	43.3%	186,599,854	198,047,688	+6.1%
Indiana	21,929	33,868	54.4%	45,465,077	46,288,642	+1.8%
Iowa	24,349	25,534	4.9%	50,222,135	46,695,877	-7.0%
Kansas	19,492	23,592	21.0%	.	.	.
Kentucky	28,266	34,839	23.3%	28,597,431	34,880,171	+21.9%
Louisiana	29,406	35,802	21.8%	68,458,767	70,644,109	+3.2%
Maine	6,714	10,121	50.7%	23,446,467	27,624,999	+17.8%
Maryland	11,698	19,394	65.7%	89,122,266	59,557,428	-33.2%
Massachusetts	30,525	47,060	54.2%	.	.	.
Michigan	57,235	95,114	66.2%	126,264,136	143,273,017	+13.5%
Minnesota	13,205	22,046	67.0%	109,148,143	99,025,850	-9.3%
Mississippi	5,881	13,921	136.7%	28,057,952	23,593,667	-15.9%
Missouri	53,722	75,953	41.4%	100,437,497	62,073,991	-38.2%
Montana	5,243	5,516	5.2%	8,591,328	9,383,104	+9.2%

TABLE 31 cont.

Trends in Child Abuse Reporting Compared to
Trends in Total Funding to Address Child Abuse
1981-1985 by State

	Percent Change in Child Abuse Reports			Percent Change in Total Funding (Constant Dollars)		
State	1981	1985	Percent Change	1981	1985	Percent Change
Nebraska	7,013	13,765	96.3%	.	.	.
Nevada	6,354	11,144	75.4%	10,209,400	9,618,703	-5.8%
New Hampshire	4,478	6,517	45.5%	.	.	.
New Jersey	23,758	47,126	98.4%	121,495,718	125,857,758	+3.6%
New Mexico	5,904	12,061	104.3%	16,883,508	18,493,118	+9.5%
New York	106,295	139,032	30.8%	.	.	.
North Carolina	27,017	27,625	2.2%	.	.	.
North Dakota	2,944	4,719	60.3%	11,413,224	8,726,035	-23.5%
Ohio	27,248	65,965	142.1%	.	.	.
Oklahoma	12,283	20,275	65.1%	.	.	.
Oregon	2,732	12,765	367.2%	.	.	.
Pennsylvania	13,703	20,980	53.1%	238,686,296	245,431,035	+2.8%
Rhode Island	3,784	11,196	195.9%	.	.	.
South Carolina	19,289	28,861	49.6%	35,199,143	32,940,517	-6.4%
South Dakota	4,890	8,913	82.3%	3,787,917	2,380,441	-37.2%
Tennessee	44,146	47,050	6.6%	69,422,070	70,592,044	+1.7%
Texas	81,819	108,561	32.7%	100,914,220	116,120,935	+15.1%
Utah	5,832	18,089	210.2%	.	.	.
Vermont	2,072	4,452	114.9%			
Virginia	39,685	49,765	25.4%	37,057,163	26,309,239	-29.0%
Washington	33,832	40,100	18.5%	.	.	.
West Virginia	7,111	20,772	192.1%	22,692,720	29,090,517	+28.2%
Wisconsin	8,508	24,411	186.9%	.	.	.
Wyoming	2,589	2,319	-10.4%	.	.	.

13/ See pps. 78-82 for explanatory notes for Table 31.

TABLE 32 14/

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (Federal Sources)

State	Title XX	Title IVB	Title IVE	CAPTA	Other	Total Federal Funds	Total Federal Funds Less Title IVE
Alabama							
FY 1981	$28,697,879	$ 3,359,834	$ 1,677,868	$ 30,533	$ 99,158	$33,865,272	$32,187,404
FY 1985	33,286,059	3,581,782	2,160,734	136,930	273,078	39,438,583	37,277,849
% Change 81-85	+15.9%	+6.6%	+28.8%	+348.5%	+175.4%	+16.5%	+15.8%
Arizona							
FY 1981	$ 4,849,358	$ 978,373	$ 321,199	$ -0-	$ 915,203	$ 7,064,133	$ 6,742,934
FY 1985	3,904,569	245,862	2,008,103	126,866	300,259	6,585,659	4,577,556
% Change 81-85	-19.5%	-74.9%	+525.2%	+100%	-67.2%	-6.8%	-32.1%
Arkansas							
FY 1981	$ 1,116,192	$ 825,526	$ 781,525	$ 176,058	.	$ 2,899,301	$ 2,117,776
FY 1985	1,849,154	2,130,172	747,262	159,274	.	4,885,862	4,138,600
% Change 81-85	+65.7%	+158%	-4.4%	-9.5%	.	+68.5%	+95.4%
California							
FY 1981	$80,513,919	$13,490,364	$56,638,116	$ 672,029	.	$151,314,428	$94,676,312
FY 1985	-0-	15,862,069	97,241,379	344,828	.	113,448,276	16,206,897
% Change 81-85	-100%	+17.6%	+71.7%	-48.7%	.	-25.0%	-82.9%
Florida							
FY 1981	$45,783,906	$ 1,673,358	-0-	$ 271,648	$ 4,207,673	$51,936,585	$51,936,585
FY 1985	$56,098,802	$ 6,615,098	$ 2,152,965	357,369	580,546	65,804,780	63,651,815
% Change 81-85	+22.5%	+295.3%	+100%	+31.6%	-86.2%	+26.7%	+22.6%
Georgia							
FY 1981	$ 848,656	$ 4,097,037	$ 2,231,958	$ 135,995	.	$ 7,313,646	$ 5,081,688
FY 1985	12,219,691	4,960,166	6,741,216	293,588	.	24,214,661	17,473,445
% Change 81-85	+1339.9%	+21.1%	+202.0%	+115.9%	.	+231.1%	+243.8%

TABLE 32

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (State Sources)

State	State General Funds	Other	Children's Trust Funds	Local Funds	Total State and Local Funding	Total Funding (Federal, State, and Local)	Total Funding Less Title IVE
Alabama							
FY 1981	$ 12,330,848	.	-0-	$ 996,587	$ 13,327,435	$ 47,192,707	$ 45,514,839
FY 1985	8,691,248	.	$ 215,517	1,124,615	10,031,380	49,469,963	47,309,229
% Change 81-85	-29.5%	.	+100%	12.8%	-24.7%	+4.8%	+3.9%
Arizona							
FY 1981	$ 24,044,540	-0-	-0-	.	$ 24,044,540	$ 31,108,673	$ 30,787,474
FY 1985	21,817,759	$ 1,803,707	$ 213,017	.	23,834,483	30,420,142	28,412,039
% Change 81-85	-9.3%	+100%	+100%	.	-.9%	-2.2%	-7.7%
Arkansas							
FY 1981	$ 353,319	.	.	$ 18,745	$ 372,064	$ 3,271,365	$ 2,489,840
FY 1985	571,125	.	.	25,862	596,987	5,482,849	4,735,587
% Change 81-85	+61.5%	.	.	+37.9%	+60.5%	+67.6%	+90.2%
California							
FY 1981	$233,832,976	-0-	.	.	$233,832,976	$385,147,404	$328,509,288
FY 1985	358,169,655	$ 8,965,517	.	.	367,155,172	480,603,448	383,362,069
% Change 81-85	+53.2%	+100%	.	.	+57.0%	+24.8%	+16.7%
Florida							
FY 1981	$ 50,615,314	.	.	.	$ 50,615,314	$102,551,899	$102,551,899
FY 1985	64,147,347	.	.	.	64,147,347	129,952,127	127,799,162
% Change 81-85	+26.7%	.	.	.	+26.7%	+26.7%	+24.6%
Georgia							
FY 1981	$ 4,010,423	.	.	.	$ 4,010,423	$ 11,324,069	$ 9,092,111
FY 1985	16,002,743	.	.	.	16,002,743	40,217,404	33,476,188
% Change 81-85	+299%	.	.	.	+299.0%	+255.2%	+268.2%

TABLE 32 cont.

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (Federal Sources)

State	Title XX	Title IVB	Title IVE	CAPTA	Other	Total Federal Funds	Total Federal Funds Less Title IVE
Hawaii							
FY 1981	$14,453,961	$ 616,133	$ 20,465	$ 50,953	.	$15,141,512	$15,121,047
FY 1985	12,672,414	550,619	42,497	50,908	.	13,316,438	13,273,941
% Change 81-85	-12.3%	-10.6%	+107.7%	-.09%	.	-12.1%	-12.2%
Idaho							
FY 1981	$ 6,927,195	$ 981,799	$ 319,542	-0-	.	$ 8,228,536	$ 7,908,994
FY 1985	5,266,379	1,293,103	287,931	$ 54,310	.	6,901,723	6,613,792
% Change 81-85	-23.9%	+31.7%	-9.9%	+100%	.	-16.1%	-16.4%
Illinois							
FY 1981	$ 76,510,649	$ 4,349,833	$ 4,280,380	$ 301,752	$ 2,434,251	$ 87,876,865	$ 83,596,485
FY 1985	107,434,405	6,550,130	18,132,555	360,069	10,135,370	142,612,529	124,479,974
% Change 81-85	+40.4%	+50.6%	+323.6%	+19.3%	+316.4%	+62.3%	+48.9%
Indiana							
FY 1981	$18,558,545	$ 3,772,032	$ 1,243,217	.	.	$23,573,794	$22,330,577
FY 1985	14,680,673	5,668,797	927,371	.	.	21,276,841	20,349,470
% Change 81-85	-20.9%	+50.3%	-25.4%	.	.	-9.7%	-8.9%
Iowa							
FY 1981	$17,995,611	$ 1,951,552	$11,186,046	$ 105,125	-0-	$31,238,334	$20,052,288
FY 1985	9,806,942	1,937,849	1,069,181	90,298	$ 5,767,672	18,671,942	17,602,761
% Change 81-85	-45.5%	-.7%	-90.4%	-14.1%	+100%	-40.2%	-12.2%
Kentucky							
FY 1981	$10,771,949	$ 3,988,223	$ 2,607,066	$ 177,730	.	$17,544,968	$14,937,902
FY 1985	11,903,448	3,364,655	3,554,310	130,172	.	18,952,585	15,398,275
% Change 81-85	+10.5%	-15.6%	+36.3%	-26.8%	.	+8.0%	+3.1%

TABLE 32

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (State Sources)

State	State General Funds	Other	Children's Trust Funds	Local Funds	Total State and Local Funding	Total Funding (Federal, State, and Local)	Total Funding Less Title IVE
Hawaii							
FY 1981	$ 5,435,332	.	.	.	$ 5,435,332	$ 20,576,844	$ 20,556,379
FY 1985	5,275,737	.	.	.	5,275,737	18,592,175	$ 18,549,678
% Change 81-85	-2.9%	.	.	.	-2.9%	-9.6%	-9.8%
Idaho							
FY 1981	$ 2,950,749	$ 725,910	.	.	$ 3,676,659	$ 11,905,195	$ 11,585,653
FY 1985	2,805,172	$ 587,069	.	.	3,392,241	10,293,964	10,006,033
% Change 81-85	-4.9%	-10.4%	.	.	-7.7%	-13.5%	-13.6%
Illinois							
FY 1981	$ 98,722,989	-0-	-0-	.	$ 98,722,989	$186,599,854	$182,319,474
FY 1985	54,082,127	$ 1,056,379	$ 296,653	.	55,435,159	$198,047,688	179,915,133
% Change 81-85	-45.2%	+100%	+100%	.	-43.8%	+6.1%	-1.3%
Indiana							
FY 1981	$ 7,363	.	.	$ 21,883,920	$ 21,891,283	$ 45,465,077	$ 44,221,860
FY 1985	8,564	.	.	25,003,237	25,011,801	46,288,642	$ 45,361,271
% Change 81-85	+16.3%	.	.	+14.3%	+14.3%	+1.8%	+2.6%
Iowa							
FY 1981	$ 18,677,676	.	-0-	$ 306,125	$ 18,983,801	$ 50,222,135	$ 39,036,089
FY 1985	26,879,776	.	$ 107,759	1,036,400	28,023,935	46,695,877	45,626,696
% Change 81-85	+43.9%	.	+100%	+238.6%	+47.6%	-7.0%	+16.9%
Kentucky							
FY 1981	$ 10,006,424	$ 1,046,039	-0-	.	$ 11,052,463	$ 28,597,431	$ 25,990,365
FY 1985	14,785,345	$ 1,087,931	$ 54,310	.	15,927,586	34,880,171	31,325,861
% Change 81-85	+47.8%	+4%	+100%	.	+44.1%	+21.9%	+20.5%

TABLE 32 cont.

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (Federal Sources)

State	Title XX	Title IVB	Title IVE	CAPTA	Other	Total Federal Funds	Total Federal Funds Less Title IVE
Louisiana							
FY 1981	$41,427,149	$ 3,483,451	$ -0-	$ 174,740	$ 3,228,139	$48,313,479	$48,313,479
FY 1985	42,919,743	2,953,386	8,235,819	117,923	1,610,918	55,837,789	47,601,970
% Change 81-85	+3.6%	-15.2%	+100%	-32.5%	-50.1%	+15.6%	-1.5%
Maine							
FY 1981	$12,025,696	$ 370,450	$ 2,591,006	$ 80,300	.	$15,067,452	$12,476,446
FY 1985	8,702,586	865,517	3,056,034	62,069	.	12,686,206	9,630,172
% Change 81-85	-27.6%	+133.6%	+17.9%	-22.7%	.	-15.8%	-22.8%
Maryland							
FY 1981	$66,163,920	$ 1,682,260	$ 159,768	-0-	.	$68,005,948	$67,846,180
FY 1985	17,958,003	3,647,297	2,810,354	$ 46,379	.	24,462,033	21,651,679
% Change 81-85	-72.9%	+116.8%	+1659.0%	+100%	.	-64.0%	-68.1%
Michigan							
FY 1981	$21,937,901	$ 6,891,863	$18,840,471	$ 310,175	.	$47,980,410	$29,139,939
FY 1985	31,591,379	6,340,517	29,731,034	416,637	.	68,079,567	38,348,533
% Change 81-85	+44.0%	-8.0%	+57.8%	+34.3%	.	+41.9%	+31.6%
Minnesota							
FY 1981	$52,352,891	$ 1,172,357	$ 3,156,340	$ 243,749	.	$56,925,337	$53,768,997
FY 1985	41,840,857	2,757,899	6,822,496	180,891	.	51,602,143	44,779,647
% Change 81-85	-20.1%	+135.2%	+116.2%	-25.8%	.	-9.4%	-16.7%
Mississippi							
FY 1981	$18,228,051	$ 1,387,580	$ 1,423,983	$ 120,051	.	$21,159,665	$19,735,682
FY 1985	14,536,207	2,240,517	1,137,931	150,564	.	18,065,219	16,927,288
% Change 81-85	-20.3%	+61.5%	-20.1%	+25.4%	.	-14.6%	-14.2%

TABLE 32

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (State Sources)

State	State General Funds	Other	Children's Trust Funds	Local Funds	Total State and Local Funding	Total Funding (Federal, State, and Local)	Total Funding Less Title IVE
Louisiana							
FY 1981	$ 20,145,288	.	.	.	$ 20,145,288	$ 68,458,767	$ 68,458,767
FY 1985	14,806,320	.	.	.	14,806,320	70,644,109	62,408,290
% Change 81-85	-26.5%	.	.	.	-26.5%	+3.2%	-8.8%
Maine							
FY 1981	$ 8,379,015	.	.	.	$ 8,379,015	$ 23,446,467	$ 20,855,461
FY 1985	14,938,793	.	.	.	14,938,793	27,624,999	24,568,965
% Change 81-85	+78.3%	.	.	.	+78.3%	+17.8%	+17.8%
Maryland							
FY 1981	$ 21,116,318	.	.	.	$ 21,116,318	$ 89,122,266	$ 88,962,498
FY 1985	35,095,395	.	.	.	35,095,395	59,557,428	56,747,074
% Change 81-85	+66.2%	.	.	.	+66.2%	-33.2%	-36.2%
Michigan							
FY 1981	$ 78,283,726	.	-0-	.	$ 78,283,726	$126,264,136	$107,423,665
FY 1985	74,493,103	.	$ 700,347	.	75,193,450	143,273,017	113,541,983
% Change 81-85	-4.8%	.	+100%	.	-3.9%	+13.5%	+5.7%
Minnesota							
FY 1981	$ 1,828,373	$ 50,394,433	.	.	$ 52,222,806	$109,148,143	$105,991,803
FY 1985	3,465,431	43,958,276	.	.	47,423,707	99,025,850	92,203,354
% Change 81-85	-89.5%	-12.8%	.	.	-9.2%	-9.3%	-13.0%
Mississippi							
FY 1981	$ 6,898,287	.	.	.	$ 6,898,287	$ 28,057,952	$ 26,633,969
FY 1985	5,528,448	.	.	.	5,528,448	23,593,667	22,455,736
% Change 81-85	-19.9%	.	.	.	-19.9%	-15.9%	-15.7%

TABLE 32 cont.

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (Federal Sources)

State	Title XX	Title IVB	Title IVE	CAPTA	Other	Total Federal Funds	Total Federal Funds Less Title IVE
Missouri							
FY 1981	$69,242,718	$ 5,456,187	$ 1,580,914	$ 38,543	.	$76,318,362	$74,737,448
FY 1985	27,864,952	3,762,366	11,453,218	129,603	.	43,210,139	31,756,921
% Change 81-85	-59.8%	-31.0%	+624.5%	+23.6%	.	-43.4%	-57.5%
Montana							
FY 1981	$ 2,450,535	$ 454,604	$ 1,686,938	$ 39,936	$ 179,015	$ 4,811,028	$ 3,124,090
FY 1985	2,711,638	492,500	1,063,793	44,828	90,776	4,403,535	3,339,742
% Change 81-85	+10.7%	+8.3%	-36.9%	+12.2%	-49.3%	-8.5%	-6.9%
Nevada							
FY 1981	$ 5,192,222	$ 400,882	$ 428,928	$ 45,956	.	$ 6,067,988	$ 5,639,060
FY 1985	5,856,357	517,241	330,557	48,209	.	6,752,364	6,421,807
% Change 81-85	+12.8%	+29.0%	-22.9%	+4.9%	.	+11.3%	+13.9%
New Jersey							
FY 1981	$33,623,126	$ 1,284,797	$ 2,141,328	$ 146,681	$ 4,923,983	$42,119,915	$39,978,587
FY 1985	26,125,862	2,603,448	4,487,069	$ 211,207	3,294,828	36,722,414	32,235,345
% Change 81-85	-22.3%	+102.6%	+109.5%	+44.0%	-33.1%	-12.8%	-19.4%
New Mexico							
FY 1981	$ 8,271,211	$ 556,155	-0-	$ 181,214	.	$ 9,008,580	$ 9,008,580
FY 1985	8,812,184	1,301,011	$ 562,559	97,484	.	10,773,238	10,210,679
% Change 81-85	+6.5%	+133.9%	+100%	-46.2%	.	+19.6%	+13.3%
North Dakota							
FY 1981	$ 9,283,521	$ 747,011	$ 679,344	$ 29,633	.	$10,739,509	$10,060,165
FY 1985	6,698,016	671,555	640,606	44,568	.	8,054,745	7,414,139
% Change 81-85	-27.9%	-10.1%	-5.7%	+50.4%	.	-24.9%	-26.3%

TABLE 32

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (State Sources)

State	State General Funds	Other	Children's Trust Funds	Local Funds	Total State and Local Funding	Total Funding (Federal, State, and Local)	Total Funding Less Title IVE
Missouri							
FY 1981	$ 24,119,135	.	-0-	.	$ 24,119,135	$100,437,497	$ 98,856,583
FY 1985	18,820,749	.	$ 43,103	.	18,863,852	62,073,991	50,620,773
% Change 81-85	-21.9%	.	+100%	.	-21.8%	-38.2%	-48.8%
Montana							
FY 1981	$ 1,872,484	.	.	$ 1,907,816	$ 3,780,300	$ 8,591,328	$ 6,904,390
FY 1985	3,910,086	.	.	1,069,483	4,979,569	9,383,104	8,319,311
% Change 81-85	+108.8%	.	.	-43.9%	+31.7%	+9.2%	+20.5%
Nevada							
FY 1981	$ 3,694,263	$ 328,393	.	$ 118,756	$ 4,141,412	$ 10,209,400	$ 9,780,472
FY 1985	2,506,891	359,448	.	-0-	2,866,339	9,618,703	9,288,146
% Change 81-85	-32.1%	+9.5%	.	-100%	-30.8%	-5.8%	-5.0%
New Jersey							
FY 1981	$ 28,676,660	$ 31,581,370	.	$ 19,117,773	$ 79,375,803	$121,495,718	$119,354,390
FY 1985	36,988,793	37,954,310	.	14,192,241	$ 89,135,344	125,857,758	121,370,689
% Change 81-85	+28.9%	+20.2%	.	-25.8%	+12.3%	+3.6%	+1.7%
New Mexico							
FY 1981	$ 5,302,946	.	.	$ 2,571,982	$ 7,874,928	$ 16,883,508	$ 16,883,508
FY 1985	7,719,880	.	.	-0-	7,719,880	$ 18,493,118	17,930,559
% Change 81-85	+45.6%	.	.	-100%	-1.9%	+9.5%	+6.2%
North Dakota							
FY 1981	$ 578,202	.	-0-	$ 95,513	$ 673,715	$ 11,413,224	$ 10,733,880
FY 1985	564,915	.	$ 43,103	63,272	671,290	8,726,035	8,085,429
% Change 81-85	-2.3%	.	+100%	-33.8%	-.4%	-23.5%	-24.7%

TABLE 32 cont.

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (Federal Sources)

State	Title XX	Title IVB	Title IVE	CAPTA	Other	Total Federal Funds	Total Federal Funds Less Title IVE
Pennsylvania							
FY 1981	$12,419,700	$ 8,847,966	$38,436,831	.	$ 749,465	$60,453,962	$22,017,131
FY 1985	$ 9,870,690	15,086,207	30,172,414	.	1,465,517	56,594,828	26,422,414
% Change 81-85	-20.5%	+70.5%	-21.5%	.	+95.5%	-6.4%	+20.0%
South Carolina							
FY 1981	$21,180,942	$ 3,383,298	$ 595,289	$ 98,501	.	$25,258,030	$24,662,741
FY 1985	17,761,207	3,354,310	1,587,069	76,724	.	22,779,310	21,192,241
% Change 81-85	-16.2%	-.9%	+166.6%	-22.1%	.	-9.8%	-14.1%
South Dakota							
FY 1981	$ 792,594	$ 669,165	$ 953,638	$ 60,600	$ 331,050	$ 2,807,047	$ 1,853,409
FY 1981	764,409	478,093	698,644	$ 65,351	84,976	2,091,473	1,392,829
% Change 81-85	-3.6%	-28.5%	-26.7%	+7.8%	-74.3%	-25.5%	-24.9%
Tennessee							
FY 1981	$51,014,676	$ 1,377,442	$ 2,149,848	$ 118,456	.	$54,660,422	$52,510,574
FY 1985	$48,171,741	5,231,793	1,350,689	152,028	.	54,906,251	53,555,562
% Change 81-85	-5.6%	+279.8%	-37.2%	+28.3%	.	+.5%	+1.9%
Texas							
FY 1981	$67,868,140	$ 3,693,985	$ 5,583,827	$ 372,745	$ 184,115	$77,702,812	$72,118,985
FY 1985	56,710,484	7,987,865	9,740,584	324,345	-0-	74,763,278	65,022,694
% Change 81-85	-16.4%	+116.2%	+74.4%	-12.9%	-100%	-3.8%	-9.8%
Virginia							
FY 1981	$25,552,051	.	$ 2,802,933	$ 184,828	.	$28,539,812	$23,736,879
FY 1985	17,224,854	.	2,461,564	191,548	.	19,877,966	17,416,402
% Change 81-85	-32.6%	.	-12.18%	+3.6%	.	-30.4%	-32.3%

TABLE 32

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (State Sources)

State	State General Funds	Other	Children's Trust Funds	Local Funds	Total State and Local Funding	Total Funding (Federal, State, and Local)	Total Funding Less Title IVE
Pennsylvania							
FY 1981	$106,525,696	.	.	$ 71,706,638	$178,232,334	$238,686,296	$200,249,465
FY 1985	100,215,517	.	.	$ 88,620,690	188,836,207	245,431,035	$215,258,621
% Change 81-85	-5.9%	.	.	+25.6%	+5.9%	+2.8%	+7.5%
South Carolina							
FY 1981	$ 8,642,398	.	.	$ 1,298,715	$ 9,941,113	$ 35,199,143	$ 34,603,854
FY 1985	9,283,621	.	.	877,586	10,161,207	32,940,517	31,353,448
% Change 81-85	+7.4%	.	.	-32.5%	+2.2%	-6.4%	-9.4%
South Dakota							
FY 1981	$ 678,742	$ 302,128	.	.	$ 980,870	$ 3,787,917	$ 2,834,279
FY 1985	92,186	196,782	.	.	288,968	2,380,441	1,681,797
% Change 81-85	-86.4%	-34.9%	.	.	-70.5%	-37.2%	-40.7%
Tennessee							
FY 1981	$ 8,950,390	$ 1,885,146	.	$ 3,926,112	$ 14,761,648	$ 69,422,070	$ 67,272,222
FY 1985	10,862,182	1,577,048	.	3,246,563	15,685,793	70,592,044	$ 69,241,355
% Change 81-85	+21.4%	-16.3%	.	-17.4%	+6.3%	+1.7%	+2.9%
Texas							
FY 1981	$ 21,570,236	$ 1,255,020	.	$ 386,152	$ 23,211,408	$100,914,220	$ 95,330,393
FY 1985	34,898,103	$ 6,347,886	.	111,668	41,357,657	116,120,935	106,380,351
% Change 81-85	+61.7%	+460.4%	.	-71.1%	+78.2%	+15.1%	+11.6%
Virginia							
FY 1981	$ 2,915,464	-0-	.	$ 5,601,887	$ 8,517,351	$ 37,057,163	$ 34,254,230
FY 1985	1,401,871	$ 689,655	.	4,339,747	6,431,273	26,309,239	23,847,675
% Change 81-85	-51.9%	+100%	.	-22.5%	-24.5%	-29.0%	-30.4%

TABLE 32 cont.

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (Federal Sources)

State	Title XX	Title IVB	Title IVE	CAPTA	Other	Total Federal Funds	Total Federal Funds Less Title IVE
West Virginia							
FY 1981	$10,380,086	$ 551,392	$ 2,034,261	$ 53,533	.	$13,019,272	$10,985,011
FY 1985	10,758,621	1,702,586	3,879,310	68,966	.	16,409,483	12,530,173
% Change 81-85	+3.7%	+208.8%	+90.7%	+28.8%	.	+26.0%	+14.1%
Totals							
1981	$836,434,950	$ 82,494,909	$166,553,029	$4,221,464	$17,252,052	$1,106,956,404	$940,403,375
1985	666,002,326	114,754,410	255,287,248	4,533,936	23,603,940	1,064,181,860	808,894,612
% Change 81-85	-20.4%	+39.1%	+53.3%	+7.4%	+36.8%	-3.9%	-13.9%

TABLE 32

Trends in Child Abuse Funding, by Program Source
FY 1981-1985 by State in Constant 1982 Dollars (State Sources)

State	State General Funds	Other	Children's Trust Funds	Local Funds	Total State and Local Funding	Total Funding (Federal, State, and Local)	Total Funding Less Title IVE
West Virginia							
FY 1981	$ 9,673,448	.	.	.	$ 9,673,448	$ 22,692,720	$ 20,658,459
FY 1985	12,681,034	.	.	.	12,681,034	29,090,517	$ 25,211,207
% Change 81-85	+31.1%	.	.	.	+31.1%	+28.2%	+22.0%
Totals							
FY 1981	$820,839,024	$ 87,518,439	-0-	$129,936,721	$1,038,294,184	$2,145,250,588	$1,978,697,559
FY 1985	$961,529,916	$104,584,008	$ 1,673,809	$139,711,364	$1,207,499,097	$2,271,680,957	$2,016,393,709
% Change 81-85	+17.1%	+19.5%	+100%	+7.5%	+16.3%	+5.9%	+1.9%

14/ See pp. 78-82 for explanatory notes for Table 32.

Explanatory Notes for Tables 31-32

Alabama:

- Title XX includes expenditures for day care services for employment related reasons.
- "Other" (federal) includes WIN (day care).

Arizona:

- Title XX includes expenditures for day care services for employment related reasons.
- FY '85 CAPTA amount is from information on child abuse State grants from The National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. The FY 1985 amount reflects State Grant Part I totals only. Federal FY adjusted to State's FY.
- "Other" (federal) includes Social Security Survivors and Disability benefits (OASDI).
- Arizona Health Care Cost Containment (AHCCCS) is a special state appropriation for child abuse and prevention treatment and is included under State "other."

Arkansas:

- Title XX includes funding for day care for employment related reasons.
- FY '85 CAPTA amount is from information on child abuse State grants from The National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. The FY 1985 amount reflects State Grant Part I totals only. Federal FY adjusted to State's FY.
- Local funds include local contributions and local appropriations.
- Title IVE amount for FY 1981 is from "Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means," U.S. House of Representatives, 98th Congress, 1st Session, February 8, 1983, p. 357. Federal FY adjusted to State's FY.

California:

- Title XX does not include expenditures for day care services for employment related reasons, and reflects only CPS services.
- In 1985, all Title XX dollars were spent on adult services.
- FY '81 CAPTA amount is from information on child abuse State grants from The National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. Federal FY adjusted to State's FY.
- "State General Funds" represent State and local funding.
- "Other" (federal) is an adoption grant - "Joint Assessment Facilitator."
- "Other" (State) includes child abuse prevention funds.

Florida:

- Title XX includes expenditures for day care services for employment related reasons.
- FY '81 and FY '85 CAPTA amounts are from information on child abuse State grants from The National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. The FY' 85 amount reflects State Grant Part I total only. Federal FY adjusted to State's FY.
- Title IVE amount for FY 1981 is from "Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means," U.S. House of Representatives, 98th Congress, 1st Session, February 8, 1983, p. 357. Federal FY adjusted to State's FY.
- "Other" (federal) includes Title IVA and various discretionary grants.

Georgia:

- Title XX includes expenditures for day care services for employment and related reasons.
- The large increase in Title XX funds in FY '83 is due to a policy change to contract out most day care services.

Hawaii:

- Title XX does not include expenditures for day care services for employment related reasons.
- State General Funds reflect the State's match for Title XX, IVB, IVE, and were summed by the Committee with the State's approval.

Idaho:

- Title XX includes expenditures for day care for employment related reasons.
- Title XX includes expenditures for child care licensing, and youth rehabilitation.
- Title IVE amount for FY 1981 is from "Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means," U.S. House of Representatives, 98th Congress, 1st Session, February 8, 1983, p. 358. Federal FY adjusted to State's FY.
- "Other" (State) includes receipts (e.g., child support payments, etc.).

Illinois:

- Title IVE amount for FY 1981 is from "Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means," U.S. House of Representatives, 98th Congress, 1st Session, February 8, 1983, p. 358. Federal FY adjusted to State's FY.
- "Other" (federal) is federal grants from various sources.
- "Other" (State) is the State child abuse grant program.

Indiana:

- Title XX includes expenditures for day care services for employment related reasons.
- Title IVE funding information from "Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means," U.S. House of Representatives, 98th Congress, 1st Session, February 8, 1983, p. 358; Ibid, 99th Congress, 1st Session, February 22, 1985, p. 489. Federal FY adjusted to State's FY.
- State does not qualify for CAPTA.
- The county government, rather than the State, administers all child protection services.

Iowa:

- Title XX does not include expenditures for day care services for employment related reasons.
- Title IVB funding information from "Background Material and Data on Programs Within The Jurisdiction of the Committee on Ways and Means," U.S. House of Representatives, 98th Congress, 1st Session, February 8, 1983, p.358; Ibid, 99th Congress, 1st Session, February 22, 1985, p.489. Federal FY adjusted to State's FY.
- "Local Funds" represent the local match for day care services.
- "Other" (federal) is Title XIX funding (Medicaid).

Kentucky:

- Title XX includes expenditures for day care services for employment related reasons.
- "Other" (State) is receipts (i.e. child support payments, OASDI payments, etc.)

Louisiana:

- Title XX includes expenditures for day care services for employment related reasons.
- "Other" (federal) includes Low Income Energy Assistance (LIEA) and Title IVA funds.

Maine:

- Title XX includes expenditures for day care services for employment related reasons.

Maryland:

- Title XX does not include expenditures for day care services for employment related reasons.

Michigan:

- State system was reorganized in 1983; expenditures for FY '84 and '85 reflect different categories from FY '81 and '82.
- Title IVE and IVB funding information from "Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means," U.S. House of Representatives, 98th Congress, 1st Session, February 8, 1983, p. 358; Ibid, 99th Congress, 1st Session; February 22, 1985, p. 487, and p. 489. Federal FY adjusted to State's FY.

Minnesota:

- Title XX includes expenditures for day care services for employment related reasons.
- Title XX funds are given as block grants to counties.
- Community Social Services Act (CSSA) child protective and child welfare services cannot be separated out of the CSSA.
- Title IVE funding information from "Background Material and Data on Programs Within the Jurisdiction of the Committee on Ways and Means," U.S. House of Representatives, 98th Congress, 1st Session, February 8, 1983, p. 358; Ibid, 99th Congress, 1st Session, February 22, 1985, p. 489. Federal FY adjusted to State's FY.
- "Other" (state) is Community Social Services Act funding.

Mississippi:

- Title XX includes expenditures for day care services for employment related reasons.
- FY 1985 Title XX decrease is the result of the transfer of some programs to other agencies.
- "State General Funds" include both State and local funds.

Missouri:

- Title XX includes expenditures for day care services for employment related reasons.
- Totals are figured by the Select Committee with the State's approval. State had not provided totals due to concern that the State's fiscal year is different from the federal fiscal year. While the State tried to provide an estimate of the same cycle amount some overlapping may occur.

Montana:

- Title XX includes expenditures for day care services for employment related reasons.
- "Other" (federal) includes Refugee Resettlement money.

Nevada:
- Title XX does not include expenditures for day care services for employment related reasons.
- FY '81 CAPTA amount is from information on child abuse State grants from The National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. Federal FY adjusted to State's FY.
- "Other" (State) includes receipts (e.g. child support payments, OASDI payments, etc.)
- "Local Funds" include county participation provider match.

New Jersey:
- Title XX includes expenditures for day care services for employment related reasons.
- "Other" (federal) includes Title XIX (Medicaid) and WIN.
- "Other" (State) includes State Aid - New Jersey law requires funding for emergency care.
- Local Funds - includes counties, private donor funds, receipts, (e.g. child support payments, OASDI payments, etc.)

New Mexico:
- Title XX does not include expenditure services for employment related reasons.
- FY '85 CAPTA amount is from information on child abuse State grants from The National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. The FY '85 amount reflects State Grant Part I totals only. Federal FY adjusted to State's FY.

New York:
- FY '81 and '85 CAPTA amount is from information on child abuse State grants from The National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. The FY '85 amount reflects State Grant Part I totals only. Federal FY adjusted to State's FY.

North Dakota:
- Under "State General Funds" the Committee summed, with the State's approval, two amounts listed on the survey under State funds as Title IVB and IVE, and designated the total as State General Funds. The State indicated the two amounts represented the State match for Title IVB and IVE. Likewise, the State agreed to designating amounts listed under other funds as Title IVE as "Local Funds." since they represented the Local IVE Match.

Pennsylvania:
- Title XX includes expenditures for day care services for employment related reasons.
- "Other" (federal) includes Refugee Resettlement funding.

South Carolina:
- Title XX includes expenditures for day care for services for employment related reasons.
- Local Funds include county and match funds from agencies and other private and public providers.

South Dakota:
- FY '81 and '85 CAPTA amounts are from information on child abuse State grants from The National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services. The FY '85 amount reflects State Grant Part I totals only. Federal FY adjusted to State's FY.
- "Other" (federal) includes Bureau of Indian Affairs.
- "Other" (State) includes donations.

Tennessee:
- Title XX includes expenditures for day care employment related reasons.
- "Other" (State) includes receipts (e.g. child support payments, OASDI, etc.)
- Local Funds include local and private funds but primarily county money appropriated for foster care.

Texas:
- "Other" (federal) includes Title IVA.
- "Other" (State) includes a Child Welfare Rider, and Child Protection funds to counties - mostly Houston.

Virginia:
- Title XX includes expenditures for day care services for employment related reasons, and includes all Title IVB funding.
- "Other" (State) includes funds for Virginia Family Violence Prevention Program, which is appropriated by the Virginia General Assembly for services to spouse victims and for the prevention of child abuse and neglect.

West Virginia:
- Title XX includes expenditures for day care services for employment related reasons.

CHAPTER III. CHILD PROTECTION AND CHILD WELFARE: INVESTIGATING REPORTS AND PROVIDING SERVICES

Providing appropriate services to abused or at-risk children and families remains difficult for most States.

Inadequate staffing, funding, and poor coordination of services were cited repeatedly as the principal obstacles to providing adequate and appropriate child protective and child welfare services, as child abuse reports continue to rise.

In addition, despite actual and perceived improvements in the coordination between child protection and law enforcement agencies, the relationship of these agencies varies considerably across States, and the percent of referrals to law enforcement agencies, or of referrals leading to indictments or convictions, is largely unknown.

A. Barriers to Serving Children Abused or At-Risk

Staffing Shortages, Turnover, Lack of Resources Cited

A majority of States noted that staff-related problems remain significant barriers to serving children and families (Alabama, Alaska, Colorado, Florida, Georgia, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, Nevada, New York, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia). Specifically, States expressed concern about the lack of staff to handle cases (23 States); inadequate resources to hire and retain qualified staff (8 States); inadequate staff training (8 States); and high turnover (5 States).

Illinois noted that "administrative barriers are often created by shortages of staff and services to fulfill mandates" (14). Colorado highlighted problems of work stress and job satisfaction by pointing out that "greater attention needs to be paid to alleviating job stress and increasing a sense of professionalism" (6). Focusing on difficulties in hiring and keeping good staff, Florida reported "unrealistic expectations...we want high quality but we can't afford high quality staff, and retain them" (10).

Several States provided a more detailed picture of the staffing problems they have faced in recent years:

> Due to the State's financial constraints and due to the voluminous increase in child abuse/neglect reports, the workload for Child Welfare Service has increased 100%, with insufficient staff to accommodate this overload. [Oklahoma (37)]
>
> In the last five years, the number of confirmed cases of child abuse and neglect have jumped from 1,867 victims to over 12,000 children. During the same period of time, there has been no increase in child protection personnel, in fact, there have been cutbacks in CSD (Children's Services Division), law enforcement, district attorneys, mental health professionals, public health nurses, and school counselors. The system has been overwhelmed by sheer numbers. [Oregon (38)]
>
> Although staff have been added to the protective services program, staff resources have not kept pace with the sharp increase in reports. Additionally, it has been increasingly difficult to attract Masters level social workers into public child welfare programs. High caseloads and low salary levels compared to private practice and work in private organizations make recruitment and retention of trained professional staff extremely difficult. [Maryland (21)]

Staff Shifts Vary, Services Affected

Two-thirds of the States reported recent staff shifts (increases, decreases and reorganizations) that have affected the delivery of services between 1981-1985.

Twenty States (Alabama, Alaska, Arizona, Connecticut, Florida, Hawaii, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Rhode Island, South Carolina, Utah) increased significantly the number of child protection staff. In six of these States (Alabama, Arizona, Florida, Massachusetts, New Jersey, Rhode Island), additional staff time was spent providing services. Only one State, Arizona, reported devoting more time to prevention efforts.

Despite staff increases in several States, workloads continued to be overly burdensome. In Maine, the average number of cases per worker rose from 55.8 in 1982 to 64.9 in 1985, with an all-time high of 69.6 cases/worker in 1984 (20). Alaska indicated that, between 1978 and 1981, the State saw a 250% increase in the numbers of reports with only 17% increases in staff. Alaska further reported layoffs of 15% across the board for the last quarter of 1986 and for 1987 (2).

In seven States (Idaho, Kansas, Kentucky, Montana, Nevada, Oregon, West Virginia), the number of staff decreased between 1981-1985. Idaho, for example, suffered a 15% reduction in staff, despite a 32% increase in the number of complaints over the past two years and a 192% increase in the number of child sexual abuse cases reported (13). Kentucky also lost 141 social worker positions and 152 paraprofessionals at a time when reports of child abuse doubled and the foster care population rose by 230 children (18). West Virginia reported a 30% reduction in staff since 1976 (49), while Kansas experienced a 10% reduction since 1981 (17).

Idaho, Montana and Oregon cited federal and State budget cuts as the reason for the drop in staff (13, 27, 38).

According to three States, staff decreases meant a refocusing or reduction of services. Oregon noted a "significant shift in staff time from preventive and follow-up services to investigation and court-related activities" (38). Similarly, Kentucky redirected its efforts from prevention and treatment to crisis intervention (18). Nevada reported suffering a five percent reduction in staff from 1981-1985, and "as one result, the number of services (25 services) offered in 1975 has been reduced to only 8 in 1986." Nevada further noted that, "because of the increase in the number of child welfare cases," social workers were transferred to child welfare units from units serving the handicapped and aged (29).

Six jurisdictions (California, Delaware, District of Columbia, Louisiana, Missouri, Pennsylvania) noted reorganization/reassignment of child welfare staff, although no changes in the number of staff were reported. Pennsylvania reassigned staff from other units to investigate increased reports of suspected child abuse (39). Louisiana reported "minimally significant [staff] shifts" among the three child protective services units, due to the "lowering of certain educational requirements and the salary up-grading of the investigation workers" (19).

In California, major reorganization came as a result of the implementation of a State child welfare services reform package in 1982 (5). The District of Columbia also completed in 1982 a "major realignment of its child welfare components, including child protective services, foster care, adoption, and foster care home study" (9). In 1982, Missouri separated investigation and treatment functions and gave child protective services staff specific assignments, so that "no worker could carry both functions except in low population counties" (26). Delaware reported administrative staff shifts from child protective services to support other divisions (8).

Regardless of the direction of the shift in staff numbers, child protection staff in ten States (Alaska, Connecticut, Idaho, Illinois, Louisiana, Maryland, Pennsylvania, Oregon, Rhode Island, Wisconsin) spent more time on investigation. Because of increases in reports of sexual abuse and severe physical abuse, Pennsylvania agencies reorganized staff to handle investigations (39). Oregon and Connecticut staff spent more time in court, commensurate with the increase in sex abuse allegations (38, 7); while California staff devoted more time to emergency response services (5). Some Wisconsin counties increased staff with county funding or reorganized staff within local agencies; other counties "operated with a backlog of cases"; still others "prioritized reports" to address the problems of younger children first (50).

Lack of Funding Also a Serious Barrier

Twenty-two States identified inadequate resources as a major problem in serving abused or neglected children. (Alabama, Alaska, Connecticut, Florida, Maryland, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, South Dakota, Tennessee, Utah, Vermont, Virginia, West Virginia).

Connecticut commented that "the primary administrative barrier is related to the availability of resources" (7). Utah called lack of resources "the primary problem" (45), and New York similarly commented that "barriers are created primarily by shrinking dollars" (33). Missouri and North Dakota submitted that, while there were no strictly administrative or policy barriers, resource limitations posed problems (26, 35).

Two States pointed to problems with particular sources of funding. New Jersey identified "the reduction of Federal funding" and Ohio cited "lack of sufficient State funding" as a major barrier to effective child protection and child welfare (31, 36).

Other specific resource concerns included inadequate funding for particular services and staff (Florida, Maryland, Montana, New Mexico, Oklahoma, South Carolina, South Dakota, Vermont, West Virginia); and the lack of budgetary flexibility and budget alternatives (Alaska, Maine, Montana).

New Mexico, for example, decried the lack of funding for comprehensive programs for "prevention and family-based, time-limited services" (32). Montana described the lack of resources for staff and the lack of flexibility to use funds to preserve families, as did Oklahoma (27, 37). Maine suggested allowing the use of Title IVE funding to help prevent foster care placement (20).

Good Coordination Remains Difficult

The delivery of child protection and child welfare services at the State level very often involves a range of services from various agencies, including social service, health, education, and law enforcement agencies. Eight States reported that poor coordination among various agencies and officials adversely affected the delivery of services to the population in need (District of Columbia, Georgia, Hawaii, Oregon, South Carolina, South Dakota, Tennessee, Texas).

Noting that "the effective coordination of services between State agencies where more than one agency has responsibility is a problem," Texas suggested the development of an "interagency committee to develop case specific solutions" (44).

The District of Columbia, Georgia and South Dakota pointed in particular to the need to enhance their child protection agencies' working relationships with law enforcement officers and the courts. Noting problems with the court system, the District of Columbia commented that "the sometimes cumbersome and/or slow moving court proceeding can impede timely resolution of neglect or abuse cases, and timely placement of children in permanent homes" (9). Georgia indicated the need for "better communication between juvenile judges and the local Departments in relation to social services as required by P.L. 96-272" (11).

Difficulties in coordinating federal and State actions were also reported. As Hawaii noted,

> Communication between the State and Federal government is a long, drawn out process. At times the State efforts are held up as it awaits word from the Federal government. Since most States receive federal monies for child protective programs, compliance to federal mandates is must. Streamlining of communication and expeditious handling at both levels would help to overcome these barriers (12).

Pennsylvania also cited an "overly prescriptive federal law" as one of its barriers (39).

B. Policies Link Law Enforcement and Child Protective Services, but Little Known About Actual Referral, Indictments

Some Involvement of Law Enforcement in Nearly Every State

All States and the District of Columbia, with the exception of North Dakota, reported laws or administrative policies regarding the referral of child abuse and neglect cases to law enforcement agencies. Practices vary somewhat from State to State in terms of who receives reports and the types of reports referred. While most statutes and regulations detail the specific steps to be taken in referring cases, some do not.

Wide Variance in Referral Policies

Thirty States refer only certain cases, such as those involving sexual abuse and serious physical abuse, to law enforcement or the county/district attorney (Alabama, Alaska, California, Connecticut, Florida, Georgia, Idaho, Illinois, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington). Tennessee, for example, indicated that substantiated abuse cases are referred to the county attorney, while general referrals of child abuse and neglect are made to the juvenile court (43).

Eleven States (Arkansas, District of Columbia, Iowa, Kansas, Maryland, Minnesota, New Mexico, Ohio, Oregon, South Dakota, Texas) routinely refer all reported cases.

In six States (Colorado, Hawaii, Nevada, West Virginia, Wisconsin, Wyoming), it was unclear which types of cases are referred. Hawaii, for example, noted that its law allows and even encourages referral, but it is left to individual counties to determine what arrangements are actually made (12).

States also differ with regard to which agencies receive reports. About two-fifths of the jurisdictions report policies specifying referral to only law enforcement agencies, and another two-fifths refer to both enforcement and prosecuting officials. Only six States indicate referral to county/district attorney's offices solely (Alabama, Illinois, Massachusetts, New Jersey, New Mexico, Virginia). As cited earlier, Tennessee refers the range of reports to juvenile court.

In a few States where both law enforcement and prosecuting officials receive referrals, different types of cases are forwarded to the two agencies. In Iowa and Kansas, the county attorney's office receives information about all cases, but law enforcement is involved only in certain types of abuse cases, such as sexual or physical abuse or other abuse resulting in injury (16, 17). In Ohio, the referrals are directed in the opposite fashion. There, investigation of all cases involves law enforcement, with reports referred to the county prosecutor's office "as necessary to protect" children (36).

In Arizona, child protective services sends reports daily to law enforcement, involving the district attorney if a subpoena is issued (3). In Mississippi, each county welfare department establishes an agreement with local law enforcement officials regarding referrals, and substantiated cases are reported to the district attorney (25).

Percent of Substantiated Reports Referred to Law Enforcement Agencies Largely Unknown[1]

Few States could report the percent of substantiated cases referred to law enforcement and/or the county/district attorney. More than half the States did not provide information or comment on the proportion of substantiated reports referred.

Most of the States responding to this question could do so because they refer all cases or all of certain types of cases, whether or not substantiated. In States which refer all cases (Arkansas, District of

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[1] See Chapter I, pp. 18-20, for discussion of substantiation.

Columbia, Iowa, Kansas, Maryland, Minnesota, New Mexico, Ohio[2/], Oregon, South Dakota[2/], Texas), all substantiated cases are included. Mississippi also reported referring all substantiated cases.

For the States which noted that they refer specific kinds of cases to law enforcement agencies, usually sexual abuse and physical abuse cases are referred, while non-injurious neglect is not (Alaska, Kentucky, Tennessee, Vermont, Washington). Tennessee, which refers all reports to the juvenile courts, noted that all substantiated abuse is referred to law enforcement. Vermont refers 100% of substantiated sexual abuse cases, but has no data on non-sexual abuse case referrals (46). Kentucky noted that "all allegations of physical and sexual abuse [are] reported to law enforcement" (18). In Alaska, all physical and sexual abuse cases, but not all neglect, are referred (2). And, in Washington, "all reported child abuse and neglect involving death, sexual abuse or physical injury would be referred to law enforcement, as well as those cases where investigation reveals that a crime may have been committed" (48).

Based on the total number of reports, not just substantiated reports, two additional States provided a measure of the referrals to law enforcement officials. Pennsylvania indicated that 25.4% were referred in 1983, 31% in 1984 and 34.3% in 1985 (39). Massachusetts noted that 5% of all cases were referred (22).

[2/] While the surveys from Ohio and South Dakota note that the percent of substantiated cases referred is unknown in response to the specific question, they point out in a related question that investigation involves law enforcement in all cases.

No Information on Referrals Leading to Indictments[3]

Information regarding indictment, prosecution and/or conviction of persons for child abuse and neglect remains virtually non-existent. Only two States were able to indicate the percent of referrals which led to some legal action. In Virginia, 51% of the "reason to suspect" and "founded" cases involved some type of legal action; 11% were referred for criminal prosecution (47). In Iowa, criminal prosecution was initiated for 11.3% of substantiated abuse and neglect (16). West Virginia summarized its situation by commenting that, although the percent is unknown, "in general, more cases are ending up in criminal court. The majority are cases of sexual abuse, followed by serious physical injury" (49).

Other Serious Issues Raised by Changing Relationship between Law Enforcement and Child Welfare

As policies linking law enforcement and child protection agencies expand, States describe growing difficulties with issues of confidentiality, protection of individual rights, and the changing role of child protection workers (Arkansas, Iowa, Minnesota, North Carolina, Oregon, Pennsylvania, West Virginia). Arkansas expressed concern about "balancing administrative burdens while protecting rights of all involved" (4). Iowa described the conflict between protecting children or punishing abusers as a "conflict between protecting children's rights to confidentiality, and at the same time obtaining and releasing information which is later used in criminal prosecution against the parent/perpetrator" (16).

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[3] U.S. Bureau of Justice, Bureau of Justice Statistics Bulletin, Tracking Offenders: The Child Victim, December 1984. Preliminary results of this pilot study involving six States showed that, while offenders against children are prosecuted and convicted more often than other offenders, fewer are incarcerated, and when incarcerated, receive shorter sentences.

As a result of "increased pressure on child protective services to be a vehicle for intervention in non-familial situations and a focus on criminal aspects of child abuse and neglect," North Carolina commented that the focus of child welfare services on strenghtening and rehabilitating families along with preventing further abuse or neglect has been diminished (34). Pennsylvania similarly pointed to the problem in "balancing the scale" between assisting victims and perpetrators and prosecution (39). A few States also made particular note of a trend toward criminalization and prosecution of cases (Alabama, Michigan, Texas). And, Minnesota noted that "increased public attention has led to greater criminalization and introduced ambiguities in the role of the child protective services worker" (24).

Improved Investigation Policies in Some States

Despite the problems and changing nature of the relationship between children's services and law enforcement requirements, some States made policy changes which have improved investigations and expanded services.

Several States changed policies to strengthen their capacity to investigate child abuse reports (Connecticut, Iowa, Maine, Missouri, New Jersey, Tennessee, West Virginia). The shifts mainly broadened areas of and criteria for investigation, and changed those responsible for conducting investigations, often reflecting greater involvement with law enforcement agencies.

Other States noted improvements in investigation after broadening and/or revising criteria used to determine which cases will be investigated. West Virginia became more involved in the investigation of alleged abuse/neglect in schools (49). In Maine, allegations of abuse in institutions are more frequently and thoroughly investigated (20). Tennessee revised its policy and developed procedures for investigating child abuse in day care centers and programs (43).

New Jersey now fingerprints and conducts full criminal record checks on institutional caregivers, including prospective providers of day care, foster care, and adoption (31). Iowa reported that a new investigation handbook, which includes criteria for investigation and substantiation, has improved investigations and the quality of reports, resulting in more cases going to court (16). Missouri cited improved investigations based on co-investigation procedures involving law enforcement agencies (26).

Some States reported shifting those responsible for conducting investigations, although the effect on investigation was not noted. In South Carolina, law enforcement agencies rather than the Department of Social Services are responsible for investigating allegations of child abuse and neglect perpetrated by school employees (41). In Kentucky, the investigation of child abuse/neglect in facilities operated by the Cabinet for Human Resources is now assigned to the Inspector General's office, not "in-house" investigations (18). In Kansas, the Department of Social and Rehabilitation Services has recently been given the task of investigating truancy cases (17).

Two States reported reduced investigations following policy changes. Massachusetts noted that a new protective services intake policy has reduced the number of unnecessary investigations (22). In New Jersey, police brutality cases are no longer investigated by the Department of Family and Youth Services (31).

Some Changes in Investigation Policies Expand Services

Six States indicated that they had increased or expanded services to abused or neglected children as a result of changes in investigation policies (Arkansas, Colorado, Connecticut, Iowa, Missouri, New Jersey).

In Arkansas, for instance, workers are able to handle more cases due to tightened case management regulations which limit the time allowed per case (4). Iowa reported that policies which clarified definitions and established criteria for investigation and substantiation of reports have led to more children receiving treatment (16). Similarly, new response time guidelines in Connecticut have meant prompter service for more children (7).

Missouri credited improved services to a review of foster care policy and new "Permanency Planning Review Teams," while Connecticut ascribed improved services to voluntary placement guidelines (26, 7).

In some cases, services were expanded as a result of changes in the kinds of cases investigated. More children have been served in Colorado, for example, since 1983 when the involvement of child protective services was required in third party abuse cases (6). New Jersey's recently instituted policy to provide services to "Baby Doe" cases and to families affected by the release of a parolee led to an expansion of services, as did its issuance of a "Mission Statement," which broadened the Division's scope (31).

IV. EFFECTIVE PROGRAMS AND RECENT INITIATIVES

States reported many projects and programs which have proven successful in preventing or treating child abuse and neglect, or related family problems. While many programs reported to us show promise in preventing or ameliorating the effects of abuse and neglect, this section highlights only those efforts for which we received evaluations documenting their effectiveness.

A. Many Successful Programs and Projects Described

All of the examples below have been evaluated positively. Depending on the purpose of the program, this can mean earlier detection of problems, fewer children placed in foster care, increased public awareness, improved parenting skills and parent-child interaction, or reduction in factors leading to abuse, such as isolation and low self-esteem. In many instances, however, these programs reach only a small percentage of the families who need assistance.

Successful Prevention Efforts

Since 1981, there has been a greater emphasis on creating programs designed to prevent child abuse and neglect, and States describe many successes. The most common preventive approaches reported by States are sexual abuse curricula in elementary and secondary schools, parent education, assistance to high risk pregnant women and teenagers, and early screening for medical and emotional problems. These programs and projects are based on the notion that, by supplying the necessary supports, education, and counseling to parents and children before abuse and/or neglect occurs, much suffering is avoided and far less costly treatment is required.

Parent Education Reduces Abuse, Increases Parenting Skills and Self-Sufficiency, and Boosts Mental and Physical Health of Children

More than half the States cite parent education as an effective preventive measure. Parent education programs provide information on child development and stress management to at-risk and abusive parents, while promoting parents' self-esteem and self-sufficiency. Exemplary programs are described below.

Illinois: The "Parenting, Training, Support Package" for high-risk and abusive families, which has served 35,000 children and families since its institution in January 1984, is both inexpensive and very effective in raising parental self-esteem, alleviating feelings of isolation, alienation and despair, enhancing parents' knowledge of parenting skills and improving their ability to parent. [14, 14(c)]

Indiana, Iowa, Michigan and Vermont: The "Parent Nurturing Program" is especially effective in improving parenting and nurturing skills of parents at risk of abusing their children. Studies indicate that significant increases occurred in self-esteem, self awareness, empathy, independence, family cohesion, and family expressiveness. Significant decreases were measured in anxiety, belief in the use of corporal punishment, family role reversal, and in inappropriate expectations of children. Observations of families a year after completing the program indicate acquired knowledge skills were maintained, and the recidivism rate of maltreatment among abusive families completing the program was only seven percent. [23(e)]

Missouri: "Children's Place" provides evaluation and diagnostic services to abused and neglected preschool children. Children found to have serious developmental delays (in fine motor, cognitive, gross motor, language, and social/emotional skills) attend a therapeutic day nursery model while their parents receive comprehensive counseling and education services. Standardized measurements have shown that, when compared with a similar group of maltreated children who did not get the treatment program, Children's Place youngsters make significantly more progress in remediating developmental delays. "Problem personalities change to normal, joyous youngsters. Children who have been passive or unruly begin to laugh and play, responding to teachers and playmates. Children average two months' growth for each month at the nursery (based on testing every four months)." [26(f)]

Pennsylvania: The "Children's Play Room" combines discussions, lectures, and role modeling of child development, positive discipline techniques and parent-child play activities for parents with a nursery-type play group for their children. Diagnostic observations of parent-child interaction, time for parents to practice newly learned skills with their children, and a support group for parents are also provided. As a result of the program, parents learned how to handle discipline and stress more constructively; became more patient and better able to play with their children; and said that they felt more confident, more understanding, better able to cope, more aware of responsibility, and more mature. Children were judged by their parents to exhibit better interactional skills (with parents and other children) and to be more cooperative. [39(i-j)]

Washington: The "Program for Early Parent Support" (PEPS) educates new parents about developmental and parenting issues and provides a support network within which parents can openly discuss sensitive matters. PEPS also offers new parent resources posters, newsletters and a telephone "warm line" to respond to parents' calls for help or support. The program has increased the ability of new parents to help themselves and make use of community resources, and has decreased isolation. [48(f)]

Services for High Risk Pregnant Women and Teenagers Help Prevent Abuse by Alleviating Stress, Improving Parenting Skills, and Promoting Healthy Parent-Infant Bonding

Screening during pregnancy and follow-up infant care, child development education, and other outreach services for high-risk mothers is another common prevention approach. Since teenage mothers are particularly at risk of abusing their children, several programs focus on this population. Evaluated programs are described below.

Hawaii: The Hawaii Family Stress Center (HFSC) project at Kapiolani Women and Children's Medical Center (KWCMC) has consistently shown a 99%-100% *non-abuse* rate among high risk families with newborns. Most of the participating families have shown reductions in problems of social isolation and poor self-esteem, both stress indicators.

An HFSC demonstration project has also been highly successful in preventing abuse of children in the 0-5 year age group. As of June 1986, 1109 families in one mental health catchment area were screened. One hundred forty-six of the 299 women who were identified as being at high risk for abuse/neglect were provided with in-home services (parent-child interaction lessons, daily assistance, informal counseling, emotional support, aid in getting respite care, nutrition assistance, housing, and enrolling children in Head Start). No abuse occurred in these families, although five were referred to the Department of Social Services as being at risk for "imminent harm." The Center's goal is to extend this program to the other seven catchment areas, in an attempt to eliminate abuse/neglect in the 0-5 population, which is the most vulnerable. Cost: $1,500/child/year for the first year; $800/child/year afterward, when families receive only quarterly visits. [12(c-e)]

Illinois: The State's "Parents Too Soon Initiative", operated by the Ounce of Prevention Fund, is a coordinated public and private effort designed to address the needs of pregnant and parenting teenagers by offering home visitors, parent training, and developmental day care. Evaluation of the original six sites noted marked increases in social support among the participants. Particular program components were able to demonstrate improvements in such areas as infant feeding practices and nutrition and reductions in parental stress and social isolation. The "Heart-to-Heart Pilot" was able to enhance teen mothers' awareness and ability to protect their children from sexual abuse. Within one year after entering parenting programs, 74% of the teen mothers had returned to school or completed a high school degree (up 29% from intake) and 17% were gainfully employed (up 11% from intake). Less than three percent of the families are considered at-risk for child abuse or neglect. [14(k)]

Iowa: In the "Lay Health Visitor Project," trained volunteers or, in some instances, professional staff visit parents of newborns and offer them support and information. Eighty percent of the women participating in the program stated that the program was moderately to very helpful; 77% felt better able to handle the stress of a newborn because of the project. [16(e)]

Iowa: The "Teenage Family Life Program" offers prenatal care and other support to teenagers, while broadening available community resources for pregnant and parenting teens. For the participants, this program has improved clients' perception of the positive events in their lives, a precursor of self-esteem, and helped them deal with the various problems they experience. [16(e)]

Michigan: "Preventive Services for Families," which offers a home-based, family-centered approach to high risk families, reduced the number of substantiated referrals and re-referrals to CPS, improved family functioning, increased parents' ability to recognize the need for help and improved their capacity to identify and use helping resources within their own supportive network and community. [23(q-r)]

Programs Promote Self-Esteem, Increase Awareness, and Facilitate the Earlier Detection of and Intervention with At-Risk Children

Research continues to show that early prevention and/or intervention efforts are likely to produce the most successful outcomes. This fact, coupled with the fact that very young children are the most vulnerable to abuse and neglect, has led to the implementation of more programs directed at 0-5 year olds. Other similar initiatives are designed to help build self-esteem in both abused and non-abused children, based on the finding that low self-esteem often leads to child abuse. Among these initiatives, the following have been shown to work.

California: "Main Street Theatre" uses a theater environment to create a sense of autonomy, allow for self-determination activities, and ultimately increase the self-esteem of 7-18 year olds. Group members create and perform a play using information provided by those in the community. Evaluation indicates that the program has increased the self-esteem and belief in self-determination of its group members by more than 75%. (5)

Connecticut: The "Primary Mental Health Project", an early screening/intervention for K-3rd grade children, is a primary mental health program in which children identified as abused or neglected work with school-based paraprofessional aides, instead of being sent to other districts for special education. Currently available in 400 schools nationally, this program "pays for itself." (7)

Iowa: In the "Support Program for High Risk Youths", trained volunteers provide recreational activities, support and role modeling for a minimum of six months to children who have either been abused or who are at risk for abuse. Seventy-five percent of the children who participated in the program were said by their parents to have had positive behavior or attitude changes; 86% were believed to feel better about themselves; and 57% of the children had better school performance. Pre-test vs. post-test scores showed overall improvement in children's self-esteem. [16(e)]

New York: "Effective Parenting Information for Children", a program offered to K-12th grade students, is designed to alleviate the problems of child abuse and neglect, teenage pregnancy, drug and alcohol abuse, and juvenile crime. It also aims to help develop skills which encourage responsible parenthood and parenting. The self-esteem, self concept and sense of civic responsibility of participating students rose as a result of the program. (33)

New York: The "Infant Health Assessment Program" has registered over 14,000 disabled infants, who are at higher than normal risk of abuse, to ensure that they receive any necessary treatment and ongoing contact with the health system in an effort to prevent abuse and to help parents foresee future needs of their children. Registered children are visited at home by a public health nurse for an initial family assessment, with follow-up assessments completed at 6 months, and annually through 5 years of age. Developmental screening tests are required at 6 months and 3 years. As special needs are identified, referrals are made to the appropriate agencies and health providers, which are monitored by the program to ensure compliance. [33, 33(k)]

Sexual Abuse Prevention Efforts Heighten Awareness, Increase Assertive Responses of Children to Potential Abuse.

Of the 22 States which decribed sexual abuse prevention programs, the following are particularly noteworthy.

Mississippi: "Project SAAPE" increased communication between parents and children regarding sexual abuse and increased teacher understanding of how to prevent and detect child sexual abuse. Children who participated expressed significantly more assertive responses to potential abuse and appeared to understand more about sexual abuse than a control group of same-age children. [35(c)]

Pennsylvania: The "STOP! Sexual Child Abuse Program" is a cost effective, community-based program in which children are given the opportunity to talk with child development and law enforcement personnel who use puppets and role modeling to teach assertiveness and safety. At the same time, parents hear from medical personnel, social workers, child care workers, and representatives of legal services. The program has increased the knowledge of students and teachers, although preliminary evaluation has also demonstrated that more than one school visit may be necessary for retention of the material presented. There have been disclosures of abuse by at least 20 children who participated in the program. Policemen involved in the program report that they are better able to handle sexual abuse cases due to increased understanding of sexual abuse. Early intervention with junior high students who have been abused is also being conducted by the program staff to help prevent perpetuation of the abusive cycle. (39)

Texas: Evaluations of 394 1st graders, 410 5th graders, and 259 secondary students (mostly 10th graders) demonstrated that the "We Help Ourselves" (WHO) program was effective in teaching personal safety concepts to first graders. Also, 5th grade and secondary students who had completed the program achieved higher scores on the evaluation questionnaire than did the control group, and retained the information three months later. Participation in the WHO program, which is easily replicable, has increased 400% each year since its inception. [44(d)]

Virginia: "Hugs and Kisses" teaches K-6 grade children the difference between "good and bad" touches; that they have the right to say "no"; and that abuse is never the child's fault. Evaluation of the play showed that it was widely accepted and was considered a reliable teaching tool. Pre- and post-tests given to children viewing the play showed that they understood and retained the material presented. (47)

Effective Treatment Programs

In addition to effective prevention initiatives, many States can demonstrate effective treatment programs for abusive families. As noted in Chapter II, States use a combination of federal and State resources to implement these programs.

Family Preservation Reduces Abuse, Strengthens Families, and Prevents Foster Care

States are increasingly providing family preservation services because they recognize the importance of permanency in children's lives and because these services are proving to be a less expensive, less intrusive alternative to the removal and placement of abused or neglected children. Family preservation services, which typically include intensive in-home assistance, counseling, day care, and parent education, enhance family functioning so that out-of-home placement is no longer necessary.

All but one of the States reporting the use of family preservation services as treatment efforts were able to attest to their efficacy.

Alabama: Between 1981 and 1982, the "Parent Aide Project" prevented foster care placement for all but 12 children in the 239 families it served. An additional 13 children returned to their homes as a result of the support provided by parent aides before and after returning to their homes. An outgrowth of this project, the "Parenting Education Program", served 717 families and 1,751 children in its first two years. Children who might otherwise have been removed from their homes have remained, and many have returned from foster care who would not have been able to do so without the program's intervention. Moreover, the program improved the quality of life in many homes: parents have gone back to school, secured good jobs, and do a better job of parenting. [1(f)]

Alaska: A July 1985 report demonstrated that 166 families with 310 children had been served by Anchorage's "Intensive Home-Based Services" program since January 1983, and only 11 children had to be placed for a brief time outside their homes. In only 3-5 months, 80% of the cases were closed. (2)

Connecticut: Between 1984 and 1985, 246 families at-risk for placement received outreach services by the Department of Mental Health, using parent aides and monitoring. Only four of these families were referred to the Department of Children and Youth Services. Due to the program's success, there is a waiting list of 70 families. (7)

District of Columbia: Since its inception in October 1985, the "Preventive Family Counseling Program" has provided services to 40 families. Placements of 141 children at imminent risk of removal were prevented by the program, and only seven children were recommended for foster care placement. [9(a-f)]

Florida: The "Intensive Crisis Counseling Programs" (ICCP) served 107 families with 302 children. Of the 196 target children seen, only five had been removed by the State at the time ICCP services were terminated (a 97.4% success rate). Ninety-two of these families were still intact. Follow-up at one, three, and six months showed 85.7, 65.5 and 80.0% success rates. A conservative estimate indicates that a single ICCP with 3.5 full-time equivalent therapists may net the state $619,290 in avoided placement costs. [10(e)]

Also, as stated in Florida's 1985 Child Welfare Services Report, "preplacement prevention and reunification efforts have been successful....from 1976-1980, the average number of children in foster care was 7,923 and the average rate of children in care/1000 children under the age of 18 years was 3.3....from 1981-1985, the average monthly number of children in care was 6,401 and the average rate was 3.1." [10(c)]

Georgia: In 1985, the "Family Preservation Services Project" of Columbia County prevented placement in 92% of its CPS cases. Ten of the 17 children in foster care receiving intensive reunification services (59%) were reunited with their families. Foster care expenditures were reduced by 28% from 1984 to 1985. Compared to 1984, actual costs for foster care were down $30,000 in 1985 and as much as $44,000 is projected to have been saved. [11(m)]

Iowa: Of the 114 cases that were served by the "Family Services Project", 76.7% were considered very or somewhat successful in preventing foster care placement. [16(e)]

Nebraska: The "Intensive Services Project" served 34 high-risk families during its first year. In 86% of the cases (24 of the first 28 cases), placement was averted. A revised and extended version of this project, "Home-Based Family-Centered Services", decreased the number of children placed out of the home by 10% in its first two years. In its first year, therapists reunified or prevented placement in 90.4% of the 248 families they saw. [28(g), 32(e)]

New Hampshire: A focus on the strengths of abusive families has allowed "Familystrength" to create long-lasting positive attitudinal changes in these families. Services provided by Familystrength include in-home role modeling, recreation, family therapy, daily living assistance and continual 24-hour crisis coverage. Familystrength also facilitates coordination among schools, probation, DCYS, and others and works with families toward the goal of family reunification to enable a child to return home from placement. Small teams of professional therapists act as "enablers, not critics," looking at the "whole picture" to identify and build upon family strengths. In its first year, 67% of the families seen by the program (including the most dysfunctional of families) were held together. The maximum expense of the program (for 6 months at $225/week/family) is $5760, which is less than half the average cost of placement for one child for one year. [30(k)]

New Mexico: "Family Based Services" reduced out-of-home placements and costs by averting placements in foster care, group homes, and institutions. Other documented advantages had to do with the program's flexibility, its responsiveness to individual families' needs, and its ability to increase abusive families' self-sufficiency. [32(d)]

Rhode Island: "Comprehensive Emergency Services" (CES), using parent aides, respite care and early diversionary services, prevented foster care placements in 92% of its cases and prevented intervention by the Department of Children and Their Families in 83% of its cases. Cost-effectiveness analyses indicate that CES may save the State over $3 million in averted foster care placements. [40, 40(d-e)]

Virginia: Of the 715 children at risk of placement who were treated by the "Preplacement Preventive Services Program", which provides family structured therapy and/or home-based services, only 7% were removed, and these children remained in placement for a shorter duration than other foster care children. Sixty-nine percent of the 391 families improved in overall family functioning. The average cost to prevent placement is $1,214, while the average annual cost for foster care is $11,173 and for a residential facility is $22,025. [47(g)]

Sexual Abuse Treatment Rehabilitates Offenders, Improves Self-Esteem of Victims and Prevents Foster Care Placement

Arizona: Catholic Social Services of Yavapai has provided therapy to families (10 at any one time) in which a child has been sexually molested. Pre- vs. post-tests showed that family stresses were reduced in clients who received treatment. The five areas exhibiting the most improvement were: Family Discord, Self-Esteem, Social Isolation, Mental Health, and Misuse of Adequate Income. [3(c)]

Indiana: The "Child Sexual Abuse Component" has coordinated treatment, law enforcement officials, and prosecutors to provide effective rehabilitative services for victims and their families. In addition, it has prevented long-term foster care and/or long-term, but ineffective, incarceration. (15)

Mississippi: Using a developmental approach, "Victim Peer Groups" proved effective in treating victims of child sexual abuse, particularly for areas such as improvement in self-esteem. For most of the participants in these groups, individual therapy was needed as well. [35, 35(d)]

B. Most States Report Child Abuse and Neglect Initiatives and Program Strategies

States reported many other initiatives and prevention and treatment approaches which have not yet been evaluated. All States except Hawaii noted recent initiatives. Every State described one or more prevention approaches that they believe to be effective, and most cited at least one treatment approach as well.

For the most part, major new initiatives are ongoing and have a statewide focus, although some are more localized. In several cases, special projects have been completed. While model prevention and treatment approaches cited may include statewide initiatives, most often they describe particular local activities.

Thirteen of the 38 States which have established a Children's Trust Fund described this effort to support programs and services to prevent child abuse and neglect. (Connecticut, Idaho, Illinois, Iowa, Michigan, Missouri, Montana, New York, North Carolina, North Dakota, Texas, Washington, Wisconsin).

Sexual Abuse Prevention and Treatment, Parent Education and Family Support, and Family Preservation and Permanency Planning Are Service Programs Most Frequently Undertaken

Often, jurisdictions focused on similar interests in their statewide initiatives and in more local model programs. Efforts to address sexual abuse, provide parent education and foster family support programs, and family preservation/reunification and permanency planning projects were among the principal kinds of programs undertaken statewide and locally.

Sexual Abuse Most Frequent Target of Efforts

Sexual abuse was the most frequently targeted problem, reflecting the increased awareness and reporting of child sexual abuse. Thirty-five States reported major initiatives focusing on sexual abuse prevention and/or treatment (Alaska, Arizona, Arkansas, Colorado, Connecticut, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia).

Several States, such as Maine, described initiatives aimed at training service providers to assess and manage sexual abuse cases more effectively. Oklahoma's Department of Human Resources created positions of district sexual abuse specialists to work with child welfare staff and the public in dealing with child sexual abuse.

Other States reported initiatives designed to develop and strengthen programs for sexually abused children. Connecticut, for instance, has a year-old project of community-based, outpatient clinical services for child victims of sexual abuse. In 1984, Vermont's Department of Social and Rehabilitation Services began a sexual abuse treatment program to help providers offer appropriate treatment, and to develop a team approach to the treatment of victim and offender. This federally and State funded effort currently operates in 10 of the 12 regions in the State. Pennsylvania started a similar program in 1986 which involves

15 county children and youth agencies and is supported with $150,000 in federal funding.

More than half the States reported sexual abuse prevention efforts. Among them, Indiana completed a special Sexual Abuse Prevention Program in May 1986 directed at day care center providers and the children enrolled in licensed centers. The Memphis City (Tennessee) Schools Mental Health Center assessed 54 films, 19 curricula, and over 60 books, pamphlets, manuals and supplementary materials dealing with child sexual abuse and personal safety in an attempt to include a child sexual abuse component in its health curriculum. The Tennessee Department of Human Services is also modifying the licensing standards of all child welfare agencies to require proper training for its staff about child sexual abuse and to require that they deliver personal safety training, including child sexual abuse prevention training, to their students at least annually, or as appropriate. In Minnesota, the Sexual Health and Responsibility Program is aimed at helping junior and senior high school students to understand sexual abuse and to prevent them from becoming perpetrators.

Nearly one third of the States (Alaska, Arizona, Connecticut, Hawaii, Indiana, Iowa, Maine, Maryland, Minnesota, New Hampshire, Pennsylvania, Tennessee, Utah, Vermont) described effective treatment programs for child sexual abuse victims and their families. Of note is Minnesota's "Rural Family Sexual Abuse Treatment Teams" approach, in which counselors from private and public agencies provide individual and group therapy to perpetrators, victims, non-offending spouses, and siblings for 18-24 months.

Parent Education/Family Support Efforts and Public Awareness Campaigns Highlighted by Many States

More than half the States and the District of Columbia reported initiatives in parent education and family support programs (Alabama, Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Illinois, Iowa, Kansas, Kentucky, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Oregon, Pennsylvania, South Carolina, Tennessee, Vermont, Virginia, Washington, Wisconsin).

An example is South Carolina's ten-week prevention program that focuses on enhancing parents' self-esteem and developing healthy parenting skills while their children attend a play therapy cycle. Another is the Family Outreach Program, located in Texas, which uses volunteers to fill the role of friend and helper to potentially abusive or neglectful parents and that of nurturing parent to their children. Home visits are supplemented with counseling services, a telephone "warmline" and assistance in finding and using community resources.

Public awareness efforts were highlighted by ten States (Alaska, Arizona, District of Columbia, Georgia, Idaho, Nebraska, New Hampshire, South Dakota, Texas, Virginia). In one such effort, the Virginia Department of Social Services, Parents Anonymous (PA), and the Virginia Chapter of the National Center for the Prevention of Child Abuse distributed 40,000 booklets to schools, health departments, mental health centers, PA chapters, day care centers, social services agencies, and other community organizations. The booklets describe what to expect of children at certain ages; how to deal with stress; how to discuss certain issues with children; a statewide resource directory; and "survival tips."

Since its inception in February 1984, Connecticut's "Child Abuse Awareness in the Schools Project" has had thirty training teams working in conjunction with local school districts to promote among educators awareness of child maltreatment, and offer support to school personnel in the prevention and identification of child abuse and neglect. Thus far, 56 towns and their representative school districts have either received training, scheduled training, or are considering training for school staff.

The New Hampshire Task Force on Child Abuse and Neglect trains and supervises volunteers to promote public and professional awareness of child abuse and neglect; to work with high-risk families; to provide legislative advocacy on behalf of children and to address gaps in the present service delivery system.

States Focus on Family Preservation and Permanency Planning to Prevent Child Abuse and Neglect

Programs designed to promote permanency planning, family reunification and the prevention of out-of-home placement have been instituted by more than two dozen States (Alabama, Alaska, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Iowa, Kentucky, Louisiana, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, Oregon, Rhode Island, South Dakota, Texas, Utah, Vermont, Virginia, Wisconsin).

Two such initiatives, Nevada's "Family Reunification Program," and South Dakota's "Intensive Placement Program," offer intensive services to prevent institutional placements and to reunify children in foster care with their families. Colorado seeks to prevent and/or shorten the length of foster care placement through the use of day treatment, intensive counseling, and parenting groups. Likewise, in Wisconsin, when placement of a child outside the home is imminent, children attend a therapeutic pre-school program focusing on social and emotional development and behavior while their parents benefit from parent education, home visits and counseling.

Statewide Initiatives Target Staff Improvements

Twenty States described intitiatives that are directed at improving the organization and training of staff working on child abuse and neglect cases (Alabama, Arizona, Colorado, Delaware, District of Columbia, Kansas, Kentucky, Maine, Massachusetts, Michigan, Mississippi, Nebraska, New York, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, West Virginia, Wyoming).

In particular, Michigan established multidisciplinary teams of community professionals who "meet regularly and frequently to assess, plan, implement, and monitor treatment" for families receiving services. Kansas, Nebraska and New York implemented programs of joint law enforcement and child protective services training on the investigation of child abuse.

States Also Focus on Assistance to Pregnant and Parenting Teens, Self-help Strategies, Public Awareness Efforts, and Problems of Family Violence

Pregnant and Parenting Teens and Problems of Family Violence Receive Attention

Twelve States reported undertaking projects to decrease the incidence of child abuse and neglect by serving high risk groups, including teen parents and families with a history of violent behavior.

Connecticut, District of Columbia, Florida, Illinois, Iowa, Maine, Missouri, New York, and North Carolina cited efforts to address the needs of pregnant and parenting teens. For instance, the Mayor of the District of Columbia established a Blue Ribbon Panel for the Prevention of Adolescent Pregnancy to raise awareness about teen pregnancy and to help prevent adolescent pregnancy. New York spent $10-12 million in State grants to localities to decrease the rate of teenage pregnancy and to provide job training for teen parents.

North Carolina's "Adolescent Parenting Program" provides "intensive family-centered services to first time parents 16 years old and younger aimed at eliminating barriers to family stability, and preventing, remedying, or assisting in the solution of problems which may result in neglect, abuse, exploitation, or delinquency of children." A similar program, Florida's "Pre- and Perinatal Support Program", provides parent education, prenatal health care, crisis resolution services, family planning and networking to high risk pregnant women. The Florida program continues to provide such services through the first year of the child's life.

Connecticut, Ohio, South Dakota and Virginia described programs to reduce family violence. For example, Virginia's Family Violence Prevention Program, funded by a marriage license surcharge, was created in 1982 by State legislation to encourage the development of programs to prevent child and spouse abuse. In Ohio, Concerned Citizens Against Violence Against Women, Inc., Turning Point is conducting a project which aims to effectively utilize the residential setting offered in domestic violence shelters as a therapeutic milieu for children.

Self-help Efforts and Mental Health Services Also Seen as Model Approaches

Eleven States described various self-help strategies, such as Parents Anonymous, groups for adults who were molested as children and children's support groups, which they view as important and effective (Alabama, Arkansas, Hawaii, Kentucky, Massachusetts, Michigan, Nebraska, New Hampshire, Pennsylvania, Virginia, Wisconsin).

Eleven States noted effective mental health services for abused children, their families, and perpetrators. For example, the "Rainbow Project" in Wisconsin offers comprehensive early intervention, treatment, and prevention for pre-school and primary school age children and families at risk of or experiencing abuse or neglect. They hope to "break the often generational cycle of family violence, reduce recidivism, promote permanency for young children, and improve parent-child relationships." Some States, such as Arkansas, reported using lay therapy as well as traditional therapy to treat child abuse victims and their families.

Two States gave examples of initiatives to offer treatment services to children in foster care. Tennessee, for one, started a Therapeutic Foster Care Program in 1984 to assist children placed in foster care because of abuse and neglect. The other, Missouri, provides treatment to children in foster care who have moderate medical and behavioral problems.

CHAPTER V. A COMPILATION OF STATE RESPONSES INCLUDING INCIDENCE OF CHILD ABUSE AND NEGLECT, POLICIES AND PROCEDURES, STATE INITIATIVES, PREVENTION AND TREATMENT APPROACHES AND STATE ADMINISTRATION CONTACTS

ALABAMA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

31,385 duplicated child reports were counted manually. All referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
				39.0

Reports represent an estimate based on telephone survey.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured					8318
Sexually Maltreated					2891
Deprived of Necessities/Neglected					17652
Abuse/Neglect					2524
Total # Maltreated	18654	20213	23574	28407	31385

Reports were counted manually.

*As submitted by States totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. More serious reports.
2. More sexual abuse on younger victims.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Decreases in community-based services, such as day care, after school programs for children and youth.
4. Increases in blended families.
5. Increases in teen-age parents.
6. Increases in single-parent families.

POLICIES AND PROCEDURES

Recent Policy Changes

In 1981 Alabama enacted Act No. 81-615 amending the State Code "relating to the reporting of abuse or neglect of children, so as to explicitly add the terms 'sexual exploitation' or 'attempted sexual exploitation' to the definition of child abuse and to explicitly define the terms 'sexual abuse' and 'sexual exploitation'."

Referrals to and Action by Law Enforcement Officials

Child abuse/neglect reports of a "serious nature" are referred to the District Attorney.

Shifts in Staff, 1981-1985

There has been an increase of 184 service workers and a decrease of 72 eligibility workers. In November, 1985, 7 staff members previously working with Adult Services as well as Family and Children's Services workers were transferred to the Division of Family and Children's Services to concentrate entirely on consultant functions to County Departments on Protective Services, Foster Care, Adoption, etc. for children. Some eligibility workers were shifted to service functions, which include Protective Services.

Average Years of Education Completed by CPS Workers

Four years of college; a number of CPS supervisors and some workers have MSW's.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Lack of staff.
2. Lack of money for innovative programs.

Suggested Allocation of Existing or New Resources

1. Increased homemaker services.
2. Increased treatment facilities, such as therapeutic foster homes and group homes.

STATE INITIATIVES

1. Begun in January 1982, the Parenting Education Project was designed for parents who abuse and/or neglect their children or are at risk of doing so. It derives funds from federal, state and private sources.

Contact Person:	Dr. Dorothy Tate Alabama Cooperative Extension Service Department of Human Resources
Telephone:	(205)826-5232

2. Since December 1984, the Alabama Department of Human Resources has had volunteers serve as parent aides. This project has been extended until February 1987.

PREVENTION AND TREATMENT APPROACHES

1. Alabama notes Parents Anonymous (P.A.) as a prevention approach. P.A. has developed (31 Chapters) self-help groups around the State.

2. There are Parent Aide Projects in 22 counties of the State. The project utilizes volunteers who go into homes of parents who have abused or neglected children. Projects also include group meetings of parents or parenting education classes.

3. Multi-Disciplinary Teams, which function in 66 counties, assist the County Departments of Human Resources in case assessment, treatment plans, and resource development.

ADMINISTRATION

Survey completed by the Alabama Department of Human Resources

Contact: Louise Pittman, Director
Division of Family and Children's Services
64 N. Union Street, Rm. 503, Administrative Bldg.
Montgomery, Alabama 36130
Telephone: (205)261-3409

Contact: Jim Connell
Office of Budget and Analysis,
Division of Fiscal Administration
64 N. Union Street, Rm. 454, Administrative Bldg.
Montgomery, Alabama 36130

Funds for child protection and child welfare services are administered by the State.

ALASKA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Cases - 1985

There were 7,702 unduplicated cases (usually a family group) counted by the State's computerized information system. All referrals are not included in the total.

Child Protective Cases by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured			1449		1750
Sexually Maltreated			613		1192
Deprived of Necessities/Neglected			3511		3701
Other Problems			866		1059
Total # Injuries			6439		7702

Cases were counted by the State's computerized information system.

Observed Trends in Child Abuse and Neglect

1. Increasing interest in child sexual abuse.
2. Disinterest in neglect (although neglected children comprise almost 50% of the caseloads).
3. More of a prosecution attitude, due to a greater emphasis on child sexual abuse.

Factors Contributing to Increases in Reports

Alaska has always had high reporting due to harsh environmental conditions and resulting community concern over vulnerable individuals. The following two factors, however, have led to even greater numbers of reports:

a. Increased public awareness of child abuse and neglect.
b. Administrative rules published by the Department of Education requiring teachers' in-service on child abuse and neglect reporting.

POLICIES AND PROCEDURES

Recent Policy Changes

1. In August 1985, the Runaway Law was changed to require police to pick up the child and return him/her home or bring child to DHSS if he/she refuses to return home.
2. In July 1985, the Reporting Law was changed to add and redefine certain required reporters.
3. In December 1984, the Child Protection Intake procedures manual was rewritten and implemented.
4. In August 1985, the Hearsay Law was changed to allow hearsay to be be admissible in the prosecution of sexual abuse cases.

Referrals to and Action by Law Enforcement Officials

The Department of Health and Social Services is required to report all reports of child abuse, (both substantiated and unsubstantiated) to the Department of Law within 72 hours of receipt of the complaint. This policy does not apply to reports of neglect. 100% of all physical and sexual abuse cases are referred to law enforcement officials. Neglect cases are not referred unless there is the possibility of prosecution.

Shifts in Staff, 1981-1985

For FY 1985, the Alaska Legislature provided funding for 33 new positions, including 13 social workers, 3 licensors, and 17 clerical support staff. Due to increased reports and the length of time involved in sexual abuse investigations, there has been a shift toward investigation. In July 1985, all WIN workers and responsibilities were moved from the Division of Family and Youth Services to the Division of Public Assistance.

Average Years of Education of Completed by CPS Workers

16.2 years in 1984; 16.6 years in 1985.

Administrative/Policy Barriers to Child Protective and Child Welfare Services.

1. Continuing shortages of adequate numbers of social service staff to reduce caseloads or to provide necessary supports.
2. Short and long-term budgetary inflexibility.
3. Inadequate data collection and information system.
4. Inadequate services for two target groups: teens (runaways, pregnant minors) and Alaska Native children.

Suggestions for Removal of Barriers

1. Formation of budgeting alternatives, including combining budget components for flexibility.
2. Re-configuration of long-range spending patterns to develop pre-placement in-home and youth diversionary program services and ultimately reduce long-term institutional and foster care costs.

Suggested Allocations of Existing or New Resources

Expand early intervention and home-based services to other parts of the state.

STATE INITIATIVES

1. A public awareness campaign targeting mandated reporters was implemented by the Division of Family and Youth Services, beginning in January 1984. This campaign, which focused on prevention and positive parenting, also reached the general public through radio and TV spots in 6 native languages. It is State and federally funded.

Contact: Carolyn Frichette
Division of Family and Youth Services
Telephone: (907) 465-3170

2. NCCAN Basic Grant (a federal grant) implemented by hospitals, Head Starts, and physicians, statewide, since January 1986 assists "Baby Doe" children, including those at risk and technologically dependent.

Contact:	Bob Burden
Telephone:	(907) 465-3204

3. State Grant Program for Prevention Services, administered by the State, contracts with prevention services providers.

Contact:	Russ Webb
Telephone:	(907) 465-3023

PREVENTION AND TREATMENT APPROACHES

1. A home based services program in Anchorage aimed at preventing further abuse or neglect and removal of the child from the home provides homemaker services, day treatment, counseling, parenting classes and other community services to no more than five to ten families for each of its four social workers. A July 1985 report showed that 166 families with 310 children had been served since January 1983, and only 11 children had to be briefly placed outside their own home. Eighty percent of the cases were closed within three to five months. In FY 85, an estimated 180 children were served by this State-intiated program.

2. The Division of Family and Youth Services will be hiring five mental health clinicians statewide to provide in-house evaluations, assessments, and treatment plans for children. Plans for the program include further development to offer in-house treatment, particularly for sexual abuse victims and adolescent sexual offenders.

ADMINISTRATION

Survey completed by the Department of Health and Social Services, Division of Family and Youth Services

Contact:	Frank Hickey Department of Health and Social Services Division of Family and Youth Services P.O. Box H-05 Juneau, Alaska 99811
Telephone:	(907) 465-3187

Funds for child protection and child welfare services are administered both by the State and locally.

ARIZONA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports - 1985

24,866 unduplicated family reports were counted by the State's computerized information system. Not all referrals are included in the total.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	2303	2952	3562		
Sexually Maltreated	801	1044	1470		
Deprived of Necessities/Neglected	3212	4199	4087		
Abuse or neglect-related fatalities	N/A	N/A	N/A		
Total # Maltreated	11696	13115	14705	20121	24866

Reports were counted manually. 1981-1983 data on those "physically injured" was provided by the National Study on Child Neglect and Abuse Reporting, The American Humane Association, Denver, Colorado.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Escalation in number of reports.
2. Nature of reports has become more severe.
3. Notable increase in sexual abuse reports.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Increases in teen-age parents.
4. Increases in single-parents.
5. Increases in blended families.
6. Increased population.

POLICIES AND PROCEDURES

Recent Policy Changes

1. Prioritization of reports.
2. Establishment of a child abuse prevention/treatment fund which provides services to families before the most serious forms of abuse occur and informs the community about child abuse and its prevention. This fund is supported by a marriage and divorce surcharge and by a voluntary income tax check-off.

Referrals to Law Enforcement Officials

Child Protective Services reports on children who are allegedly dependent, abandoned, neglected or abused are sent to law enforcement daily. Cases of children requiring immediate medical attention are referred immediately by telephone to law enforcement.

Shifts in Staff

There was a 17% increase in CPS staff for FY 85/86. No significant change in staff occurred in previous years. Funding priorities and casework direction were shifted toward prevention and in-home services.

Average Years of Education Completed by CPS Workers

A survey conducted in September 1984 indicated that 48.4% of CPS workers and supervisors doing CPS Intake and ON-Going services held a Bachelor's degree and 45.2% held a Master's degree. The remaining 6.4% had less than a Bachelor's degree.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Effective measurement and implementation of current child protective and child welfare services is influenced by the nature of the agency's structure and operation. Although the program is funded and administered by the state, it is divided into six Districts which operate the field offices. There are plans for a comprehensive ACYF program evaluation process to begin. This is a step toward obtaining information to better determine the agency's program, policy, and training needs.

Suggested Allocations of Existing or New Resources

1. Roots of the problem are bound with poverty, unemployment, inadequate information about parenting and normal child development, lack of social and emotional support/networking, and psychological problems often associated with poor nurturing in the parents' own childhood. In this context the provision of adequate economic, social, health, and educational resources must be part of the solution to the child abuse/neglect problem.
2. Individual help in the home to particularly high-risk young families, including nursing/educational/social services.

STATE INITIATIVES

1. Since March 1986, the American Association for Protecting Children in Denver, Colorado has been conducting a feasibility study of a child protective services hotline. This project is supported by a federal grant of $52,807.

Contact:	John Fluke American Association for Protecting Children
Telephone:	(303)695-0811

2. The Department of Economic Security, District III has been conducting CPS multidisciplinary team development and team training, technical assistance and consultation of all community agencies involved in child protection, particularly "Baby Doe" reports. This initiative, begun in January 1986, is supported by a federal grant of $50,997.

PREVENTION AND TREATMENT APPROACHES

1. Jewish Family and Children's Services presents a sexual abuse prevention play, "Little Bear", to grade school children and community groups.
2. The Tucson Association for child care has set up a hotline to provide information or assurance to "latchkey" children.
3. Catholic Services of Yavapai offers treatment to child sexual abuse victims and their families.

ARKANSAS

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

20,081 duplicated child reports and 12,592 family reports were counted by the State's computerized information system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
34.0	38.0	37.0	36.0	37.0

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type[1]

	1981	1982	1983	1984	1985
Physically Injured	1410	1490	1732	2011	1936
Sexually Maltreated	489	531	809	1372	1692
Deprived of Necessities/Neglected	6783	7269	7290	7630	6668
Abuse/Neglect-Related Fatalities	10	7	9	19	9
Total # Injuries	5069	5546	6099	7273	7025

Observed Trends in Child Abuse and Neglect

Public awareness efforts result in more reports; i.e., of physical abuse in the 1970's and sexual abuse in the 1980's. This may or may not be an actual change in type of abuse.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in single-parent families.
3. Increases in blended families.
4. Increases in teen-age parents.
5. Increases in incidence of child abuse and neglect due to economic conditions of families.
6. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
7. Decreases in community-based services, such as day care, after school programs for children and youth.
8. Changes in reporting procedures.
9. Changes in administrative and/or policy standards and procedures.
10. Changes in the definition of child abuse and neglect.

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[1] State reports that multiple factors may be reported by each victim. Further, unknowns are added to neglect numbers.

POLICIES AND PROCEDURES

Recent Policy Changes

1. Policies pursuant to changes in State law in 1985.
2. Specification of which "non-accidental" injuries constitute abuse/neglect.
3. Case management tightened by expediting the time frame in which workers must finish report.

Referrals to and Action by Law Enforcement Officials

All child abuse/neglect referrals are referred to law enforcement officials.

Shifts in Staff

The State reported no shifts in total numbers of staff, in staff functions, or in service provision during FY 81-85.

Average Years of Education Completed by CPS Workers

CPS workers completed an average of 16 years of education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

The child abuse law needs further revision to ease the administrative burdens on agencies receiving reports while protecting the rights of all involved.

Suggested Allocations of Existing or New Resources

1. Resources should go to more trained workers in the field to make accurate and timely investigations and to commit both personal and hard services to the families to prevent further abuse and to help families stay together.
2. Primary prevention--e.g., parenting, child development classes in public schools.

STATE INITIATIVES

1. Community Child Sexual Abuse Project received $179,353 in Title XX funds and $59,784 in State funds to implement a preventive program involving all children, hospitals, DHS County offices, law enforcement, local civic groups, and mental health agencies. The State began this project in April 1984 under the auspices of the Child Protective Services Central Office. It was completed in December 1985.

Contact Person: Bobbie Ferguson
Child Protective Services Central Office
Telephone: (501) 371-2170

PREVENTION AND TREATMENT

1. The WHO (We Help Ourselves) Program, a video tape on the prevention of sexual abuse, is shown in Little Rock Public Schools.

2. "Better Safe Than Sorry" is one of several films and videos purchased by the State's 57 task forces on child abuse which shows children in public schools how to avoid conflict and unsafe situations, how to get help and how to report abuse.

3. The Day Sexual Abuse Conference, which was attended by over 600 mental health professionals, day care workers, Department workers and hospital social workers, was a preventive program cosponsored by public and private agencies.

4. Treatment includes "lay" therapy (e.g., friend to an abusing family), Parents' Anonymous, professional casework, and psychiatric counseling. No agency has developed a planned approach.

ADMINISTRATION

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Program Support
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Division of Children and Family Services
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Little Rock, Arkansas 72203
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Funds for child protection and child welfare are administered by the State.

CALIFORNIA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

146,724 duplicated family reports and 272,953 duplicated child reports were counted either manually or by a computerized system depending upon how counties provide States with counts. All referrals are included in the total.

Child Protective Reports by Maltreatment Type * [1]

	1981	1982	1983	1984	1985
Physically Injured				72025	86694
Sexually Maltreated				43056	54121
Deprived of Necessities/Neglected				115870	143500
Other				19320	11454
Total # Maltreated	197830	218605	230813	250271	295769

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

The number of reports of child and abuse has increased, but this increase is generally believed to be the result of increased public awareness rather than attributable to an increase in maltreatment of children.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect; changes in administrative and/or policy standards and procedures.
2. Changes in reporting procedures; increases in single-parent families; increases in teen-age parents.
3. Increases in incidence of child abuse and neglect due to economic conditions of families; reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc; increases in blended families.

POLICIES AND PROCEDURES

Recent Policy Changes

1. $10 million was provided for innovative child centered approaches to child abuse and neglect prevention and intervention programs.
2. Children's Trust Fund was established for the purpose of funding child abuse and neglect prevention and intervention programs and for

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[1] "Deprived of necessities" category includes "caretaker incapacity or absence," "general neglect" and "severe neglect." "Other" category includes "emotional abuse," "parent/child conflict," "exploitation" and "other." Reports were counted manually.

evaluation, research or dissemination of intervention programs concerning existing program models.

3. Pilot projects were established to develop in-home care programs designed to avoid out of home placement of abused and neglected children. Pilot projects designed to maximize the safety, security, comfort and quality of life for children aged 14 or under who are in self-care during hours of parental employment or other unavailability were also instituted.
4. $11,250,000 was appropriated to ensure comprehensive and effective primary prevention education for all publicly funded preschool through 12th grade children.

Referrals to and Action by Law Enforcement Agencies

The county welfare departments and local law enforcement agencies are required to cross report specific cases of child abuse. The percent of substantiated cases of abuse and neglect which are referred to law enforcement officials is not known.

Shifts in Staff

Shifts occurred as a result of State's major child welfare services reform program in October, 1982. There was an increase in time spent by child welfare services staff on Emergency response activities.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Need for a comprehensive definition of what constitutes child abuse and neglect.
2. Need for uniform criteria for the removal of a child from home.

Suggested Allocations of Existing or New Resources

Preplacement preventive (Emergency Response and Family Maintenance) resources.

STATE INITIATIVES

1. In October 1982, the State enacted legislation, Senate Bill 14 (SB 14), which grants the authority to implement many of the new federal child welfare service requirements of PL 96-272. Under SB 14, four rather than two service delivery programs for abused, neglected and exploited children and their families were established, including Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement Programs. All have the objective of achieving permanency and stability for the child through provision of time-limited, objective-oriented services.

Contact: Ritch Hemstreet, Chief
Family and Children's Services Policy Bureau
744 P Street, MS 9-103
Sacramento, California 95814
Telephone: (916)322-633

2. Since September 1982, the State, under the authority of Assembly of Bill 1733, has provided funds to public and private agencies which offer services to abused and neglected children, or to those at-risk.

Contact: David C. Foster
Office of Child Abuse Prevention
744 P Street, MS 9-100
Sacarmento, California 95814
Telephone: (916)323-3888

PREVENTION AND TREATMENT APPROACHES

1. The Main Street Theater uses the theater environment to create a sense of autonomy, allow for self-determination activities, and ultimately increase the self esteem of children ages 7 to 18. Members from the community present information to the 10-week group which, in turn, uses that information to create an original play script. Full scale productions of the play are presented twice a year. This Plumas Rural Services project has exceeded its goal of a 75% increase in self esteem among group members.

2. San Diego Youth and Community Services offers respite services for high risk adolescents and their foster families over a six-month period. Activities and workshops for all members of the family are provided in this program, which has been 100% successful in preventing abuse in these foster homes.

3. The Early Parenting Project in San Francisco General Hospital employs bilingual and bicultural paraprofessionals in a multi disciplinary team approach to provide health care (e.g., well baby care) for high-risk families that are recipients of In-Home Supportive Services.

ADMINISTRATION

Contact: Mr. Loren D. Suter, Deputy Director
Department of Social Services
Adult and Family Services Division
744 P Street, Mail Station 17-18
Sacramento, California 95814
Telephone: (916)445-6410

Funds for child protection and child welfare services are State supervised and county administered.

COLORADO

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

7,987 duplicated family reports were counted by the State's computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
60.0	59.0	57.0	63.0	65.0

Figures represent the total number of child victims, not the total number of reports. According to the State, the percent of reports substantiated may be higher for Colorado than for other States because the count of substantiated reports going into the registry has already been screened to some degree by the counties. Counts were provided by the State's computerized information system through December 1984 and by a manual count for 1985.

Child Protective Reports by Maltreatment Type *[1]

	1981	1982	1983	1984	1985
Physically Injured	2060	2277	2436	2360	
Sexually Maltreated	787	1042	1436	1656	
Deprived of Necessities/Neglected	2100	2748	3258	3078	
Abuse or neglect-related fatalities	10	20	11	20	12
Total # Maltreated	4947	6067	7130	7094	7987

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Reporting of sexual abuse has greatly increased, requiring additional investigation and treatment resources.
2. County departments have also experienced an increase in the number of third party and institutional abuse/neglect referrals.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in reporting procedures.
3. Increases in incidence of child abuse and neglect due to economic conditions of families.
4. Increases in single-parent families.

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[1] Computerized information systems provided counts for all categories, with the exception of "abuse or neglect related fatalities," which were counted manually. "Total number of maltreated" in 1985 includes both substantiated and inconclusive reports. All other reports are confirmed.

5. Increases in blended families.
6. Increases in teen-age parents.
7. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
8. Decreases in community-based services, such as day care, after school programs for children and youth.
9. Changes in the definition of child abuse and neglect.
10. Changes in administrative and/or policy standards and procedures.

POLICIES AND PROCEDURES

Recent Policy Changes

Since 1983, child protection involvement in third party abuse has been required.

Referrals to and Action By Law Enforcement Officials

State has a policy of coordination of referrals and investigation with law enforcement, although the actual protocol differs from county to county. The percent of substantiated cases of abuse and neglect which were referred to law enforcement officials or which led to criminal prosecution and/or conviction is not known.

Shifts in Staff

No shifts in the number or functions of staff, or between human service programs or divisions occurred between 1981 and 1985.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. The high turnover in child protection workers could be reduced by better pay scales, more training, and a supportive system which would permit rotation of assignments after two years. Greater attention needs to be paid to alleviating job stress and increasing the sense of professionalism.
2. Caseload of specialized sexual abuse workers needs to be reduced;
3. Caseload of abuse/neglect treatment workers also needs to be reduced to provide more complete treatment to families.

Suggested Allocations of Existing or New Resources

Training of child protective workers in the initial month after hiring and on an ongoing basis.

STATE INITIATIVES

1. Since 1978, the Department of Social Services has implemented a program to train county-based community teams of school, law enforcement and social services personnel to help advise and provide over sight of county CPS programs and activities. There are currently at least 42 teams across the State.

2. Begun in 1984 with Colorado's NCAAN grant, the Department of Social Services oversees the training program directed at child residential facilities, including mental health and juvenile justice institutions to reduce and prevent abuse in those settings.

PREVENTION AND TREATMENT APPROACHES

1. Schools throughout the State have begun to provide in-depth education on sexual abuse, including instruction on how children can report its occurrence and protect themselves.

2. The Boulder County Mental Health Center, in conjunction with Public Health and Social Services, runs an intervention and prevention program for high-risk families during pregnancy and the first six months of the infant's life. This program is jointly funded.

3. Innovative approaches have been developed by the counties to prevent placement and/or shorten the length of foster care placement. These programs involve the use of day treatment, intensive counselors and parenting groups.

ADMINISTRATION

Contact: Jane Beveridge
Department of Social Services
Child Protection Program Specialist
P.O. Box 181000
Denver, Colorado 80218-0819
Telephone: (303)294-5952

Funds for child protection and child welfare services are 80% state administered and 20% locally administered.

CONNECTICUT

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received (7/1/84- 6/30/85)

11,118 duplicated family reports involving 16,804 children were counted by the State's computerized information system. The total represents all reports that were to be investigated.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
		65.0	71.0	70.0

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type [1]

	1981	1982	1983	1984	1985
Physically Injured		3085	2550	3916	4254
Sexually Maltreated		637	724	1019	1512
Deprived of Necessities/Neglected		3843	5120	6044	6328
Abuse/Neglect-related fatalities		21	24	18	7
At-risk		3360	3720	4318	4703
Total # Injuries		10946	13148	15315	16804

Observed Trends in Child Abuse and Neglect

1. A 2000% increase in referrals over a seven-year period.
2. The number of referrals has leveled off to about 12,000 per year, however cases are more serious and there is an increase in serious physical abuse and sex abuse.
3. 50% of the active caseload is now adolescents.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Increases in single-parent families.
4. Changes in reporting procedures.
5. Increases in blended families.

POLICIES AND PROCEDURES

Recent Policy Changes

1. Guidelines for Return and Removal, instituted in December 1980, clarify when children should be removed from the home and address clinical issues.

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[1] Figures represent the number of children involved in each report, not all of which were verified. Abandoned children are added to deprived/neglected numbers and sudden infant death syndrome deaths are included in abuse or neglect-related fatalities statistics.

2. Response time guidelines, which provide information on how soon after a referral a worker can be present, were instituted in September 1983, to create consistency statewide about the level of risk.
3. Voluntary placement guidelines, issued to clarify conditions under which voluntary placement is used and the length of placement, were installed in January 1981.
4. In September 1984, provision of Protective Services to Family Day Care Homes and Centers was initiated to improve the response to (including the investigation of) referrals about day care centers.

Referrals to and Action by Law Enforcement Officials

State has policy regarding referral of alleged child abuse and neglect cases. However, the percent of substantiated cases of abuse and neglect which are referred to law enforcement officials or the percent of these referrals which have led to criminal prosecution and/or conviction are not known.

Shifts in Staff, 1981- 1985

In 1985, there was a 10% increase in professional and clerical staff and a 25% increase in the amount of time spent by child protection workers in court. There was also an increase in the amount of time spent on investigations, especially those that involved day care providers and allegations of sexual abuse.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Availability of resources.

Suggested Allocations of Existing or New Resources

1. Treatment of parents and children.
2. Pre-placement prevention.
3. Reunification.

STATE INITIATIVES

1. Begun in 1979 with Connecticut's NCCAN grant, the Children's Protection Project "designs and implements a comprehensive system of resources which supports the delivery of child abuse and neglect prevention and treatment services at the community level. Project affiliates work closely with local DCYS offices to meet the needs of Connecticut's children and their families." For 1986-87, the total funds for this project are approximately $1.2 million, which comes from federal, state, and private sources.

Contact:	Francine J. Vecchiolla, MSW Department of Children and Youth Services Division of Child and Protective Services
Telephone:	(203)566-8768

2. The Child Abuse Awareness in the Schools Project is a statewide effort supported by the Children's Trust Fund which includes training for both educators and parents to help prevent and identify child abuse and neglect.

Contact: Francine J. Vecchiolla, MSW
Department of Children and Youth Services
Division of Child and Protective Services
Telephone: (203)566-8768

3. On July 1, 1985, the State began community-based outpatient clinical services for child victims of sexual abuse.

4. The State plans to offer community-based outpatient services for victims of family violence as of October 1, 1986. This project will be federally funded.

PREVENTION AND TREATMENT APPROACHES

The Department of Children and Youth Services employs the Social Development Model of Positive Youth Development as a theoretical base for its primary prevention initiatives. These measures include:

1. "Opening Doors for Latch Key Children, "developed by the Kansas Committee for Prevention of Child Abuse, is a preventive program designed to teach children nine years of age and older who spend much of their time after school unsupervised how to care for themselves. This program is run by Parents' Anonymous of Connecticut for Phoenix Mutual Life Insurance Company employees and their children.

Contact: Lee Picker, Executive Director
Parents Anonymous of Connecticut
60 Lorraine Street
Hartford, Connecticut 06105
Telephone: (203)523-5255

2. The New Haven Public Schools provide an Infant and Toddler Play Group program, which teaches teenage parents child-rearing skills, including ways to interact with their children to promote intellectual and social development. The staff also assists student mothers and their children in securing needed community services.

Contact: Elizabeth Celotto
Kathy London
New Haven Public Schools
2000 Orange Street
New Haven, Connecticut 06510
Telephone: (203)787-8758

3. The South Windsor Aid to Neighbors Program offers instructional and therapeutic services throughout South Windsor to parents of at-risk children 0-6 years and pre-adolescent and adolescent children. Mothers establish a peer support system to help ease the stresses of child rearing.

Contact: Laurie Edenburg-McQueen
South Windsor Department of Human Services
91 Ayers Road
South Windsor, Connecticut
Telephone: (203)644-3444

4. The Sexual Assault Prevention Project, operating in Meriden and Wallenford School Districts, is designed to establish a community network that responds appropriately to sexually abused children and to

teach children skills that will help them avoid becoming victims of sexual assault.

Contact: Mariam Gardner-Frum
30 Colony Street
Meriden, CT 06450
Telephone: (203)235-2815

or

Michael Rohde
SAC Exchange
Curtis Home
380 Crown Street
Meriden, CT 06450
(203)237-9726

5. The Adolescent Good Start Program, run by the Hartford Health Department, is a parent education program for pregnant adolescents. Parent aides work with the expectant mother on preparing for the child, parenting skills, stress management, and developing support networks.

Contact: Mary Battle
Adolescent Good Start Program
City of Hartford Health Program
80 Coventry Street
Hartford, CT 06112
Telephone: (203)722-6810

6. The Stamford Hospital Perinatal Support Program offers a coordinated program of support services (e.g., pre-natal clinic services, in-patient family centered maternity care, outpatient clinic parenting education, and home visitation) to pregnant mothers and new mothers who are at risk themselves or whose infants are considered at risk medically and/or socially.

Contact: Carol Greenberg, ACSW, Director
Social Work Department
Karla Greenberg, Coordinator
The Stamford Community Child Protection Team

Treatment programs include the Children's Protection Project and the Child Abuse Awareness in the Schools Project (see State Initiatives).

ADMINISTRATION

Contact: Walter Pawelkiewicz, Ph.D.
Department of Children and Youth Services
170 Sigourney Street
Hartford, Connecticut 06105
Telephone: (203)566-8150

Funds for child protection and child welfare services are administered by the State.

DELAWARE

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

4651 duplicated family reports were counted by the State's computerized information system. Not all referrals are included in the totals.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
	70.0	62.0	53.6	55.57

Reports represent families and are duplicated. They may involve more than one child.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	250	550	900	1090	974
Sexually Maltreated	60	100	250	350	513
Deprived of Necessities/Neglected	330	760	1325	1550	1755
Abuse or neglect-related fatalities	N/A	N/A	N/A	N/A	2
Total # Maltreated	640	1410	2475	2990	3244

Reports are estimated for 1981-1983. 1984 reports were counted by the State's computerized information system. Totals do not include other cases of "status offender" adolescents (e.g., truancy).

*As submitted by States, totals across child maltreatment do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. The number of reports has risen at an incredible rate (it has more than doubled in some years). At the same time, the State has increased its screening prior to involvement. Thus, the State has been investigating and treating more cases, especially more severe forms of abuse and neglect.
2. DCPS is working with a broader socioeconomic spectrum of the population.
3. Involvement in sexual abuse cases has resulted in the need to develop a new range of skills in working with police and the legal process.
4. The State is beginning to see an assertion of family/parent's rights regarding CPS involvement in cases.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Decreases in community-based services, such as day care, after school programs for children and youth.
3. Increases in teen-age parents.
4. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.

5. Increases in single-parent families.
6. Increases in incidence of child abuse and neglect due to economic conditions of families.
7. Increases in blended families.

POLICIES AND PROCEDURES

Referrals to and Action by Law Enforcement Officials

Severe cases of sexual and physical abuse are reported to law enforcement officials as soon as they are known.

Shifts in Staff

Fifteen administrative staff positions from the Child Protective Services agency were taken to support other Divisions leaving five staff in administrative functions.

Average Years of Education Completed by CPS Workers

Child protective workers have completed an average of sixteen years of education.

Suggested Allocations of New or Existing Resources

1. Payment of "real" costs for placements.
2. In-home/family services treatment.
3. Comprehensive, current training programs for all staff.
4. Primary prevention.

STATE INITIATIVES

1. Unit Configuration (need additional info)

2. There have been three major reorganizations of the Division and Department since 1982, all with the goal of better service provision.

PREVENTION AND TREATMENT APPROACHES

1. Parent Aides are contracted by the State to work with families to help prevent Child Abuse and Neglect. These paraprofessionals provide parents with positive role modeling, communication and relationship-building skills, and task-oriented assistance on an "as needed" basis.

2. The State also contracts workers to assist at-risk families on a daily basis. Each worker is assigned to a small number of cases so that these families receive intensive homebased assistance, such as standing in line with a parent to get economic support, going with a parent to parenting classes, helping with household chores, and making sure a depressed parent gets out of bed in the morning.

3. The State employs a case management approach to treatment (i.e., a service plan is developed, services are brokered out, and the case is monitored).

ADMINISTRATION

Contact Person: Susan Greenstein
Division of Child Protective Services
First State Executive Plaza
303 East 30th Street
Wilmington, Delaware 19802
Telephone: (302)571-6425

Funds for child protection and child welfare services are administered by the State.

DISTRICT OF COLUMBIA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

3416 duplicated family reports and 6073 duplicated child reports were counted manually. All referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
36.6	35.6	40.0	35.5	n/a

Reports represent children and are duplicated. The 1984 percentage is an estimate.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured and/or Sexually Abused	1187	1157	1257	1298	
Deprived of Necessities/Neglected	3148	3488	4086	3689	
Total # Maltreated					6073

Reports were counted manually.

Observed Trends in Child Abuse and Neglect

1. As prevention and treatment programs have become more effective in preventing foster care placements and permitting many children to return home in a short time span, those children who have entered into or remained in foster care have tended to be older and more troubled.
2. Increased number of adolescent parents.

Factors Contributing to Increases in Reports

1. Increases in incidence of child abuse and neglect due to economic conditions of families, particularly Black families.
2. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
3. Decreases in community-based services, such as day care, after school programs for children and youth.
4. Increased public awareness of child abuse and neglect.
5. Increases in teen-age parents.

POLICIES AND PROCEDURES

Recent Policy Changes

Changes in investigation and reporting policies and procedures.

Referrals to and Action by Law Enforcement Officials

Initial reports of child abuse, including sexual abuse, are investigated by the Metropolitan Police Department. The percent of substantiated cases which are subsequently referred for prosecution is not available.

Shifts in Staff

In 1982, the Department of Human Services underwent organizational and functional changes in its child welfare components, including child protective services, adoption, and foster care. Cases and caseworkers were reassigned to achieve "permanency" in the lives of the children involved.

Average Years of Education Completed by CPS Workers

17.6 years in 1983; 17.4 years in 1984 and 1985. The exact figure for average years of education is not available for 1981 and 1982. However, since 1977, the Department of Human Services' policy has been to hire only MSW level workers for openings in its child welfare components.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

The sometimes cumbersome and/or slow moving court proceedings can impede timely resolution of neglect or abuse cases, and timely placement of children in permanent homes.

Suggested Allocation of Existing or New Resources

1. Placement resources for adolescents, particularly adolescent mothers and their children, emotionally disturbed teenagers, and teenage status offenders.
2. Affordable housing for low and moderate income families.
3. Department of Human Services staff, especially for initial investigations of allegations of child neglect and for 24-hour crisis assistance.

STATE INITIATIVES

1. In May 1984, the Mayor of D.C. established a Blue Ribbon Panel for the prevention of teenage pregnancy in an effort to decrease the rate of pregnancy among adolescents. Community-wide efforts are still in progress.

Contact: Ms. Mary Lampson
Mayoral Office of Teenage Pregnancy
Telephone: (202)727-6424

2. Since November 1985, the Child and Family Services Division, Adoption and Placement Resources has implemented a community-based program to increase awareness of the need for foster and adoptive homes and to recruit families.

Contact: Toni Harvey
Adoption and Foster Care Recruitment Committee
Telephone: (202)724-3990

PREVENTION AND TREATMENT

1. The Preventive Family Counseling Program (PFCP) is a family preservation program which was initiated in 1985.

2. The Department of Human Services' Child and Family Services Division provides a "one worker, one family" treatment approach, based on recommendations by the National Resource Center on Family Based Services. Once an initial investigation of allegations of neglect is completed the case is assigned to an on-going services worker based upon the level of services required. The family case and all of the children remain with the same social worker, whether the children are at home, are placed in foster care, or are placed in adoption.

ADMINISTRATION

Contact: Regina M. Bernard, Chief
Child and Family Services Division
500 First Street, N.W. Room 8000
Washington, D.C. 20001
Telephone: (202)724-2023

Funds for child protection and child welfare services are administered locally (the District of Columbia, because of its unique situation, acts as both the state and municipal agency).

FLORIDA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

75,328 duplicated family reports were counted by the State's computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
47.0	49.0	49.0	53.35	57.33

Reports represent families and are unduplicated.

Child Protective Reports by Maltreatment Type[1]

	1981	1982	1983	1984	1985
Other	39272	46860	52251	36309	23831
Physically Injured	8740	9830	10524	14400	12796
Sexually Maltreated	2289	2608	3015	5799	5353
Deprived of Necessities/Neglected	5714	7151	7550	23891	25072
Abuse/Neglect-related fatalities	8	18	13	7	9
Total # Injuries	56023	66467	73353	80406	67061

Observed Trends in Child Abuse and Neglect

1. More reports.
2. Much more public awareness.
3. A trend away from foster care.
4. A trend toward residential placement of "emotionally disturbed" children.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in child abuse and neglect due to economic conditions of families.
3. Professionals and others are making "reports" on situations that are not really abuse or neglect by legal definitions, but which indicate "risk" and the need for social services intervention.
4. Increases in teen-age parents.
5. Increases in single-parent families.
6. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
7. Increased need for community-based services, such as day care, after school programs for children and youth.
8. Changes in the definition of child abuse and neglect.

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[1] "Other" category includes "historical" reports from the Abuse Registry Information System which were not coded by maltreatment type. HRS has recently changed its system of counting reports from counting all referrals to counting only reports. Therefore, although the total for 1985 looks like abuse reports have dropped, they have actually increased by an estimated 30%. Reports are estimates and from the computerized information system.

POLICIES AND PROCEDURES

Recent Policy Changes

1. Instituted comprehensive statewide child abuse and neglect prevention programs; expedited public awareness training for medical and school personnel (1982-present).
2. Implemented a pre-protective services program to work with high risk families (1985-present).

Referrals to and Action by Law Enforcement Officials

State has policy of notification of law enforcement agency so it can begin criminal investigation if certain abuse/neglect has occurred. After CPS investigation and determination of probable cause, notification of state's attorney is required.

Shifts in Staff

1982: 10% decrease in Dependency/Delinquency Intake Staff
1983: 3% increase in Dependency/Delinquency Intake Staff;
15% increase in Protective Services Staff
1984: 9% increase in Dependency/Delinquency Intake Staff
1985: 9% increase in Dependency/Delinquency Intake Staff;
20% increase in Pre-Protective Services Staff.
In addition, general services (specialized family services) were shifted to a new program called pre-protective services.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Current organizational structure separating program experts from operations has not proved effective.
2. Inadequate resources, pay, staffing and support services.
3. Too formalized, standardized, process-oriented.
4. Unrealistic expectations (i.e., cannot attract/retain high quality staff).

Suggested Allocations of Existing or New Resources

Distribution based on percent of child population at risk (while taking into consideration other factors, such as abuse/neglect reports and quality of services).

STATE INITIATIVES

1. The Intensive Crisis Counseling Program is a family preservation program which has been in existence since 1981. There are currently 11 programs statewide. Funds are derived from federal and State sources.

Contact Person: John H.Paschal
Department of Health and Rehabilitative Services
1317 Winewood Boulevard
Tallahassee, Florida 32308
Telephone: (904)488-5881

2. Since 1982, the State has carried out a child abuse and neglect prevention program directed at all community organizations and families. It is supported with over $1.14 million in federal funding and over $2.36 million in state funding.

PREVENTION AND TREATMENT APPROACHES

1. The Pre and Perinatal Support Program is a preventive program for high risk pregnant women. Services (including parenting education, prenatal health care, crisis resolution, family planning, and networking) begin during the second trimester of pregnancy and continue for up to one year after childbirth.

2. Parent education and support groups provide parents with information regarding child development and parenting skills. They also help parents understand their personal needs for support as individuals and as parents and to use the group to help meet these needs. Parents of newborns, toddlers, adolescents and special needs children receive specialized curricula.

3. The Protective Services Pilot Project, presently serving three districts, offers in-home assistance to abused and neglected children by State counselors specially trained in protection and support capacities. The program prevented foster care placement and allowed for greater contact with troubled families.

ADMINISTRATION

Contact: John H. Paschal
Department of Health and Rehabilitative Services
1317 Winewood Boulevard
Tallahassee, Florida 32308
Telephone: (904)488-5881

OR

Contact: Ellen I. Hoffenberg, Esq., Director
Department of Governor's Constituency for Children
235 Carlton Building
Tallahassee, Florida 32301
Telephone: (904)487-0632 or SC 277-0632

Funds for child protection and child welfare services are administered by the State.

GEORGIA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

26,511 unduplicated family reports were counted by the State's computerized information system and 45,489 unduplicated child reports were estimated based on information in the computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
43.0	41.0	41.0	N/A	N/A

Reports represent families and are unduplicated.

Child Protective Reports by Maltreatment Type * 1

	1981	1982	1983	1984	1985
Physically Injured	4072	4137	5148	6003	8553
Sexually Maltreated	1071	1249	1708	1992	3872
Deprived of Necessities/Neglected	9397	10598	13283	15489	16540
Abuse/Neglect-related fatalities	[Included under physically injured]				
Emotional/Other Abuse	2298	1970	2235	2606	1629
Total # Maltreated Families	13796	15390	19394	22616	26511

*As submitted by State, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

More public awareness of child abuse and neglect, especially sexual abuse, has caused an increase in reporting in the area of sexual abuse, with a 17% increase in the number of sexual abuse referrals over the past year.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in administrative and/or policy standards and procedures
3. Increases in incidence of child abuse and neglect due to economic conditions of families.

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[1] Counts for 1981-1983 are estimates based on information in a computerized information system. 1984 and 1985 counts are estimates based on a combination of counts provided by individual jurisdictions within the state and information in a computerized information system. The totals for 1984 and 1985 were counted by a computerized information system and may incorporate more than one type of abuse in a single family.

4. Reductions in cash assistance programs, and in-kind assistance such medical care, housing, etc.
5. Increases in teen-age parents.
6. Increases in single-parent families.
7. Decreases in community-based services, such as day care, after school programs for children and youth.
8. Changes in the definition of child abuse and neglect.
9. Changes in reporting procedures.

POLICIES AND PROCEDURES

Recent Policy Changes

As of 1981, the Department of Human Resources is required to report cases of sexual exploitation to law enforcement officials.

Referrals to and Action by Law Enforcement Officials

State requires that all reports of abuse, sexual assault, or sexual exploitation where there is "reasonable cause to believe" the report is true must be immediately reported by the Department to the District Attorney or local police authority. Law enforcement officials are responsible for removal of a child from the home if his/her life is in immediate danger.

Shifts in Staff

There were no shifts in staff numbers or functions, or between human service programs or divisions between 1981-1985.

Average Years of Education Completed by CPS Workers

Child protective workers, for FY 81-85, completed an average of sixteen years of education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Staff recruitment requirements by Merit System do not require special qualifications.
2. Poor allocation of CPS staff (e.g., many local offices are understaffed).
3. Need for better communication between juvenile judges and the local Departments in relation to social service as required by P.L.96-272.
4. Lack of community resources outside of urban areas.

Suggested Allocations of Existing or New Resources

1. Increased priority and funds given to prevention of out-of-home placements.
2. Development of community resources (i.e., treatment, health facilities, training, home health areas, expanded homemaker services).

STATE INITIATIVES

1. The Medical Association of Georgia and the Department of Human Resources conducted a successful joint public awareness campaign, "It's OK to Tell," to encourage the medical community, other professionals, and the general public to report suspected instances of child abuse.

This year-long campaign, which began August 27, 1984, included TV and radio public service announcements, statewide and individual count fact sheets on child abuse and reporting, a puppet show and sexual education coloring book for school children, a slide show and handbook for physicians, media kits for medical societies, bus cards urging the public to report suspected abuse, bumper stickers, community forums, and a Governor's news conference. Surveys were conducted before and after the campaign to uncover and correct information about reporting suspected abuse. This project was supported by federal, state and private funds.

Contact: Medical Association of Georgia
938 Peachtree Street, N.E.
Atlanta, Georgia 30309
Telephone: (404)876-7535
OR
Contact: Georgia Department of Human Resources
47 Trinity Drive, S.W.
Atlanta, Georgia 30334
Telephone: (404)656-4937

PREVENTION AND TREATMENT APPROACHES

1. The Family Preservation Services Project in Columbia County was established to prevent unnecessary out-of-home placement of children, improve services to families and reunify families with children in foster care. In 1984, this project conducted an extensive study of the services to families in Richmond and Columbia County and made recommendations to improve these services -- which were implemented by December 1985.

Contact: Gary J. Heffner, Family Services Consultant
Georgia Department of Human Resources
878 Peachtree Street, N.E.
Atlanta, Georgia 30309

2. It's OK To Tell (See State Initiatives)

ADMINISTRATION

Contact: Ruthie Sheppard
Department of Human Resources
Division of Family and Children Services
878 Peachtree Street, N.E. Ste. 502
Atlanta, Georgia 30309
Telephone: (404) 894-5301

Contact: Nathan Anereck, Director of Social Services
878 Peachtree Street, N.E. Ste 501
Atlanta, Georgia 30309
Telephone: (404) 894-4458

Funds for child protection and child welfare are administered by both the State and locally.

HAWAII

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

2928 duplicated family reports and 4069 duplicated child reports were counted by the State's computerized system in 1985. All referrals are not included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
53/48	54/51	48/45	51/50	57/56

Figures on the left represent family reports; those on the right represent child reports. Both are duplicated.

Child Protective Reports by Maltreatment Type[1]

	1981	1982	1983	1984	1985
Physically Injured	759	839	1016	1245	1424
Sexually Maltreated	106	148	140	279	277
Deprived of Necessities/Neglected	410	502	615	854	815
Abuse/Neglect-related fatalities	4	3	4	2	1
Total # Injuries	1134	1379	1619	2179	2275

Observed Trends in Child Abuse and Neglect

1. Dramatic and continuing increase in the number of reports, especially of sexual abuse, which has increased at almost twice the rate of all other reports.
2. Substantial increase in reports of serious physical abuse within the last two-three years.
3. Low income families continue to be overrepresented in the reports while physical abuse (unlike the national trend) continues to exceed neglect reports.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in reporting procedures.
3. Increases in teen-age parents.
4. Passage of a comprehensive child protective act by the Hawaii State Legislature.
5. Increases in single-parent families.
6. Changes in administrative and/or policy standards and procedures.
7. Increases in blended families.
8. Increases in incidence of child abuse and neglect due to economic conditions of families.
9. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
10. Decreases in community-based services, such as day care, after school programs for children and youth.

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[1] Categories are not exclusive. Reports were counted by the State's computerized information system.

POLICIES AND PROCEDURES

Recent Policy Changes

In 1982, the Child Protective Services Rules were changed to broaden the definition of situations where intervention could occur (e.g., in cases of potential harm); to establish CPS workers as expert witnesses and to put into law a time-table for permanency planning. In 1985, these rules were amended to enable multidisciplinary team approaches to be established on each island. In 1986, a comprehensive procedures manual was to put all policies and procedures in one place.

Referrals to and Action by Law Enforcement Officials

A copy of each report accepted for investigation is sent to the Police Department when there is an agreement with the county police. The percent of substantiated cases referred to law enforcement officials is not known.

Shifts in Staff

There was an increase in the number of child protection staff.

Average Years of Education Completed by CPS Workers

CPS workers have completed an average of 17- 18 years of education. Ninety-eight to ninety-nine percent of CPS workers have MSW's.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Lengthy lapses in response time between the State and federal governments

Suggested Allocations of Existing or New Resources

In descending order of priority:

1. Investigation and allied services.
2. Prevention.
3. Treatment and case management services.
4. Out of home placement.

PREVENTION AND TREATMENT APPROACHES

1. The "Hawaii Family Stress Center" is an early intervention program which screens expectant mothers in hospitals and provides follow-up contact; parenting, child management, and child development education; and outreach nutrition to those women identified as high-risk and their infants for the first year of the child's life.

Contact: Gail F. Breakey, R.N., M.P.H.,
Executive Director
Hawaii Family Stress Center, A Program for Prevention of Child Abuse and Neglect.
Kapiolani Women's and Children's Medical Center
1319 Punahou Street, B203
Honolulu, Hawaii 96826
Telephone: (808) 947-8225

2. Hana Lake supplements the Hawaii Family Stress Center until the child's third birthday by providing outreach follow-up in the areas of parenting, child management, child development, and nutrition.

3. The Catholic Charities Child Sex Abuse Treatment Program provides individual, conjoint, and family therapy to all family members in cases of intrafamily sex abuse. This model is adapted from Hank Biaretto's program in Santa Clara, California, which posits that 1) the child is not to blame; 2)parents must assume responsibility; 3) self-help groups are an important adjunct to treatment.

4. Parents United, Daughters-Sons United, and Adults Molested as Children are three self-help treatment groups facilitated by MSW's which provide a safe place for participants to air their feelings and concerns, re-build self-esteem, and build socialization and communication skills.

ADMINISTRATION

Contact: Carole Yatagai
P.O. Box 339
Honolulu, Hawaii 96809
Telephone: (808) 548-5969

Funds for child protection and child welfare services are administered by the State.

IDAHO

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

7,780 unduplicated family reports were counted manually. All referrals are not included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
		51.3	43.6	46.7

Reports represent families and are unduplicated.

Child Protective Reports by Maltreatment Type * [1]

	1981	1982	1983	1984	1985
Physically Injured			1569	1800	1877
Sexually Maltreated			741	1277	1453
Deprived of Necessities/Neglected			3165	3725	4275
Abuse/Neglect-related fatalities			3	6	1
Total # Maltreated			5939	7354	7880

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Increase in public awareness.
2. Greater willingness to report.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
4. Increases in teen-age parents.
5. Increases in single-parent families.
6. Increases in blended families.
7. Decreases in community-based services, such as day care, after school programs for children and youth.
8. Changes in the definition of child abuse and neglect.

POLICIES AND PROCEDURES

Referrals to and Action by Law Enforcement Officials

State has policy regarding referral of child abuse and neglect to law enforcement officials. Percent of substantiated reports is not known.

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[1] Totals may reflect children with more than one type of abuse. Reports were counted manually.

Shifts in Staff

There was a decrease in the number of child protection staff due to federal and state budget cuts.

Suggested Allocations of Existing or New Resources

1. Additional investigators and staff to implement family-based services model statewide.
2. Supportive services, such as parent aides, homemakers, child care licensing, and adoptions staff.
3. Staff to work with young, unwed mothers.

STATE INITIATIVES

1. In 1982, the "Idaho Network for Children," a State chapter of NCPCA, was established to change laws: create public awareness and to get multidisciplinary support for programs for the prevention of child abuse and neglect. Funded privately, this initiative involved the Departments of Education and Health and Welfare, the Attorney General, law enforcement, public and private volunteers, Guardian ad litem and the Junior League.

2. Children's Trust Fund, overseen by an appointed Board, was established in July 1985.

PREVENTION AND TREATMENT APPROACHES

1. As a preventive measure, films and videos on child abuse and neglect are shown throughout the State to students, parents, professionals, churches, and civic clubs. Pamphlets, flyers, and books have also been distributed.

ADMINISTRATION

Contact:	Edward Van Dusen Department of Health and Welfare Bureau of Social Services, Field Operations Division Statehouse Boise, Idaho 83720
Telephone:	(208)334-5688
Contact:	Randy Smith same address as above
Telephone:	(208)334-5614

Funds for child protection and child welfare services are administered by the State.

ILLINOIS

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

40,644 duplicated family reports and 68,203 duplicated child reports were counted by the State's computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
43.1	45.6	44.1	45.6	49.2

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type * [1]

	1981	1982	1983	1984	1985
Risk of Physical Harm	6398	8323	7249	7150	12037
Physically Injured	18271	17097	17557	16507	14716
Sexually Maltreated	3796	4369	5170	7134	10597
Deprived of Necessities/Neglected	64592	74897	76913	75846	59734
Abuse/Neglect-related fatalities	177	128	107	88	115
Total # Maltreated	93234	104814	106996	106725	97199

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Tremendous increase in the number of child abuse and neglect reports over the past decade (i.e., a 35-fold increase over the past decade) due to increased public awareness of child abuse and neglect; more sophisticated reporting and response systems; and legislative and administrative changes to mandate reporting by many professionals.
2. Increase in incidence of child abuse and neglect.
3. More serious child abuse and neglect, particularly physical and sexual abuse.
4. Preschool children are at a much higher risk of serious physical injury than children who are attending school.
5. More sexual abuse by persons who at one time had been considered above reproach.
6. Remarkable prevalence of drug and alcohol problems, which appear in abusive and neglectful families with greater frequency.
7. Chronicity of neglect in families with parents who have marginal parenting and management abilities, despite intensive preventive services to these families.

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[1] These figures represent fiscal year totals and were counted by the State's computerized information system.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increase in drug and alcohol related problems.
3. Increases in teen-age parents.
4. Increases in single-parent families.
5. Increases in incidence of child abuse and neglect due to economic conditions of families.

POLICIES AND PROCEDURES

Referrals to and Action by Law Enforcement Officials

State has policy regarding referral of suspected child abuse or neglect to law enforcement officials and to the State's attorney. The percent of substantiated cases of abuse and neglect which are referred to local law enforcement officials or those which have led to criminal prosecution is not known.

Shifts in Staff

Shifts occurred in staff functions and between human service programs or divisions. More time was spent on investigation.

Average Years of Education Completed by CPS Workers

Until July 1, 1986, Child Protective Investigator I positions required the knowledge, skills and mental development equivalent to completion of a B.A. plus two years of investigative experience. The job specification for the Child Protective Investigator II positions had the same educational equivalency plus four years of investigative experience. Effective July 1, 1986, the educational equivalency will be removed and both classifications will require a B.A.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Shortages of staff and services to fulfill mandate.

Suggested Allocation of Existing or New Resources

Staff and additional service resources and service providers for both child protection and child welfare services.

STATE INITIATIVES

1. The Illinois Child Abuse Prevention Fund, which is funded by tax check-offs and private contributions and administered by the Illinois Department of Children and Family Services, provides a stable funding base that allows for on-going support of prevention activities. Since its inception in the spring of 1983, the citizens of Illinois have voluntarily contributed nearly $500,000 to the fund. These funds have gone to community-based programs for abused and neglected children, for battered wives and their children, and for sexual abuse prevention and treatment located in 32 sites throughout the state.

Contact:	Glenanne Farrington Department of Children and Family Services
Telephone:	(217)785-2459

2. The Illinois Department of Children and Family Services also administers the "Ounce of Prevention/Parents Too Soon" program, which offers an array of preventive services to adolescents, expectant teenagers, parents with young children, parents with adolescents, and working parents. The Ounce of Prevention Fund also conducts ongoing training and research to ensure the latest and most cost-effective services.

Contact: Glenanne Farrington
Department of Children and Family Services
Telephone: (217)785-2459

Contact: Dr. Judith Musick
Telephone: (312)853-6080

PREVENTION AND TREATMENT APPROACHES

[Prevention approaches are described under state initiatives]

The "Parenting, Training, and Support Package, "an inexpensive yet successful treatment model for high risk and abusive families, offers an eight-week parent training program supplemented with a Parents Anonymous-type support group. Since its institution in January 1984, 35,000 children and families have been served.

Contact: Glenanne Farrington
Department of Children and Family Services
Telephone: (217)785-1898

ADMINISTRATION

Contact: Mary Ann Kren
Department of Children and Family Services
Chief, Office of Rules and Procedures
406 E. Monroe
Springfield, Illinois 62701-1381
Telephone: (217)785-5557

Funds for child protection and child welfare services are administered by the State.

INDIANA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

33,868 duplicated child reports were counted by individual jurisdictions within the State.

Percent of Reports Substantiated

	1981	1982	1983	1984	1985
Neglect:		42.2	48.8	49.5	48.8
Abuse:		46.1	50.6	51.3	52.3

Reports represent children and are duplicated. Not all referrals are included in the total.

Child Protective Reports by Maltreatment Type *[1]

	1981	1982	1983	1984	1985
Physically Injured	8249	7131	8001	8843	10423
Sexually Maltreated		1214	1660	2411	3318
Deprived of Necessities/Neglected	14595	13684	16096	17704	20127
Abuse/Neglect-related fatalities	15	21	30	31	29
Total # Maltreated	22844	21929	25757	28958	33868

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Steady increase in the number of sexual abuse reports, especially those involving small children and male children.
2. Programs to increase the knowledge of the public as a whole and of service providers in particular have grown.
3. Programs have been designed and brought into day care centers to increase children's awareness of abuse and teach them that they have control over their own body.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in reporting procedures.
3. Changes in the definition of child abuse and neglect.
4. Decreases in community-based services, such as day care, after school programs for children and youth.
5. Changes in administrative and/or policy standards and procedures.
6. Increases in incidence of child abuse and neglect due to economic conditions of families.
7. Increases in single-parent families.
8. Increases in teen-age families.
9. Increases in blended families.

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[1] Counts were provided by individual jurisdictions within the State

10. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.

POLICIES AND PROCEDURES

Referral to and Action by Law Enforcement Officials

All substantiated cases of abuse and neglect must be referred directly to prosecutors. In 1985, 2,352 abuse and 540 neglect cases were referred to county prosecutors. Information is unavailable on what percent were actually prosecuted.

Shifts in Staff

There was a 15% increase in the number of staff employed by the Child Welfare/Social Services Division of the Indiana State Department of Public Welfare during 1985.

Average Years of Education Completed by CPS Workers

Child protective workers completed an average of sixteen years of education.

Suggested Allocations of Existing or New Resources

1. Development of in-service training for child welfare staff, with particular attention given to out of home investigations and working with small children.
2. Increased funding for the treatment of children in out of home care, with a shift in emphasis away from placements made on the basis of availability of placement dollars to those made in the best interest of the child.
3. Services for those children who were in the system prior to passage of P.L. 96-272 and who are nearing emancipation.

STATE INITIATIVES

1. In 1983, 92 County Departments of Public Welfare were divided into 16 regions for joint use of services and resources. This initiative was supported with $1.9 million in federal funds.

Contact: Ms. Sandi Sleppy
Telephone: (317)232-4431

2. In 1984, the Indiana State Department of Public Welfare instituted a sexual abuse prevention program for children enrolled in licensed day care centers, using $69,156 federal and $23,052 State monies.

Contact: Mr. Keith Carver
Indiana State Department of Public Welfare
Telephone: (317)232-4442

PREVENTION AND TREATMENT APPROACHES

1. Group Insight for Teens (G.I.F.T.) provides support for adolescent victims of abuse and neglect. This program was set up to help break the cycle of abuse by giving this next generation of parents a forum in which to deal with the anger, confusion, and emotional pain they

experience. Support services are organized and provided by qualified counselors.

2. Child Sexual Abuse Component (C-SAC) is a group, individual, and family treatment approach for victims and perpetrators of incest, and other family members. C-SAC is a coordinated effort among treatment, law enforcement and prosecution to provide effective rehabilitative services for victims and their families. Secondary gains are the prevention of long-term foster care and/or long-term but ineffective incarceration.

3. The Parenting Skills Development program, which the State purchased from Family Development Resources Inc. of Eau Claire, Wisconsin, is a parent education course specifically designed for abusive and neglectful parents and their children.

ADMINISTRATION

Contact: Steve Vaughn, Supervisor
Indiana State Department of Public Welfare
Child Welfare/Social Services Division
141 S. Meridian Street, Sixth Floor
Indianapolis, Indiana 46225
Telephone: (317)-232-4431

Funds for child protection and child welfare services are 22% state administered and 78% locally administered.

IOWA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

15,989 unduplicated family reports and 25,534 unduplicated child reports were counted by the State's computerized information system. All referrals which meet the State's definition of child abuse are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
20.2	17.5	23.2	25.9	24.6

Reports represent children and are unduplicated.

Child Protective Reports by Maltreatment Type * [1]

	1981	1982	1983	1984	1985
Physically Injured	5308	5033	5527	6323	6355
Sexually Maltreated	1175	1274	1698	2864	3052
Deprived of Necessities/Neglected	14398	14283	12602	12202	11584
Abuse/Neglect-related fatalities	10	7	9	11	9
Total # Maltreated	22590	22289	22706	24312	25238

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Increases in reports of child abuse, especially sexual abuse.
2. Relatively high recidivism rate, which may indicate that available resources are not meeting treatment needs.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Changes in the definition of child abuse and neglect clarifying sexual abuse.
4. Changes in reporting procedures, expanding categories of mandatory reporters.
5. Changes in administative and/or policy standards and procedures, especially adding more specialized investigators in rural areas.
6. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
7. Increased legislative emphasis on prevention, investigation, and treatment.

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[1] Computerized information system provided counts. Totals represent total number of referrals of maltreated children and include cases where more than one type of abuse or no specific abuse was identified, and therefore not listed in other three categories.

8. Decreases in community-based services, such as day care, after-school programs for children and youth.
9. Increases in teen-age parents.
10. Increases in single-parent families.
11. Increases in blended families.

POLICIES AND PROCEDURES

Recent Policy Changes

1. Sexual abuse definition was redefined and clarified in July, 1982, 1984, and 1985.
2. Developed investigation handbook to include criteria for investigatable child abuse, and criteria for substantiating reports.
3. Law enforcement was added to investigations of sexual abuse.
4. Added mandatory requirement for notice to (victim, custodial parent, and alleged perpetrator) of findings, their rights to correct misinformation and appeal process, and extended period for retention of unfounded reports.

Referrals to and Action by Law Enforcement Officials

Law enforcement is contacted by investigative workers and investigation is conducted jointly (with the Department of Human Services) on all sexual abuse referrals. State has guidelines for the referral of physical abuse and neglect. 11.3% of all referred cases have led to criminal prosecution.

Average Years of Education Completed by CPS Workers

Child protective workers have completed an average of 18 years of education. State Merits Rules specify that Investigator (SWIII level) must have (1) an MSW (5-6 years of higher education); (2) a B.A. plus three years experience in a social work capacity (7 years); or (3) one year of experience as a SWII.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Conflict between protecting the children's rights to confidentiality and at the same time being required to participate in obtaining and releasing information which is later used in criminal prosecution against the parent/perpetrator.

Suggested Allocations of Existing or New Resources

1. Hiring, training, and supervision of treatment workers.
2. Investigative process, especially in the area of training and supervising investigative workers.

STATE INITIATIVES

1. The Iowa Child Abuse Prevention Program, supported by the Children's Trust Fund, has lay health visitor, sexual abuse prevention, parenting education, parent aide, respite/child care, Parents Anonymous, high-risk and teenage mother, and high risk children support projects. The Iowa Chapter of NCPCA implements this preventive effort, which is directed at local child abuse councils.

contact:
Norm Ostbloom
3701-1/2 Douglas
Des Moines, Iowa 50310

2. On June 1, 1984, the Iowa Child Protection Committee commenced to research and analyze obstacles to child protection and the prevention of child abuse and to make recommendations to resolve the existing tension created by conflicting social, economic, legal and other demands. The State is presently working on implementation of the Committee's recommendations.

Contact:
Jim Hennessey or Timothy Barber-Lindstrom
Department of Human Services
Fifth Floor, Hoover State Office Building
Des Moines, Iowa 50319
Telephone: (515)281-4207 (Mr. Hennessey)

PREVENTION AND TREATMENT APPROACHES

See State Initiative #1 for description of preventive measures.

The Intra Family Sexual Abuse Program of Polk County has led to better protection of victims of sexual abuse, and to more effective prosecution and treatment for incest families. It has also strengthened the community agencies' ability to work together, enhanced communication and facilitated exchange of information and talents between disciplines.

ADMINISTRATION

Contact:
Jim Hennessey
Department of Human Services
Bureau of Adult, Children, and Family Services
Fifth Floor, Hoover State Office Building
Des Moines, Iowa 50319
Telephone: (515)281-4207

Contact:
Della Tracy
same address as above
Telephone: (515)281-4589

Funds for child protection and child welfare services administered by the State.

KANSAS

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received

14,375 unduplicated family reports and 23,592 unduplicated child reports were counted manually. If the reporter cannot identify a victim or the report does not constitute abuse or neglect, it is not included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
34.0	34.0	33.0	33.0	28.0

Reports represent both children and families and are unduplicated.

Child Protective Reports by Maltreatment Type * [1]

	1981	1982	1983	1984	1985
Physically Injured	4854	4710	5286	5678	5568
Sexually Maltreated	1014	1074	1515	2277	2808
Deprived of Necessities/Neglected	13624	13397	14189	14590	15216
Abuse or neglect-related fatalities	10	10	8	5	9
Total # Maltreated	19492	19181	20990	22545	23592

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Escalation in the seriousness of abuse.
2. Increased reporting of child sexual abuse.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Increases in blended families.
4. Increases in teen-age parents.
5. Increases in single-parent families.
6. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
7. Decreases in community-based services, such as day care, after school programs for children and youth.

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[1] Counts were conducted manually. Reports of emotional abuse, physical neglect, medical neglect, inadequate supervision and all others are included under "deprived of necessities/neglected." Numbers of "abuse or neglect-related fatalities" are counted in reports of physically injured.

POLICIES AND PROCEDURES

Recent Policy Changes

1. In 1983, the Juvenile Code was bifurcated into the Kansas Code for Care of Children and the Juvenile Offenders Code. The Child Protection Act became a part of the Code for Care of Children, as did all status offenses.

2. The Department of Social and Rehabilitative Services (SRS) was given specific responsibilities to investigate truancy. The decriminalization of the status offenses and departmental responsibility for truancy placed an increased burden on an already overburdened Family and Child Protection Service.

Referrals to and Action by Law Enforcement Officials

All cases of confirmed abuse/neglect are referred to the county attorney for action. Sometimes specific action is recommended. Joint investigation with law enforcement of physical and sexual abuse are mandated. Law enforcement is responsible for investigating reports of abuse involving SRS employees. The percent of those referrals which have led to criminal prosecution and/or conviction is not known.

Shifts in Staff

There was approximately a 10% decrease in staff. No shifts occurred between human service programs or divisions.

Average Years of Education Completed by CPS Workers

All workers have a minimum of a Bachelor of Social Work (BSW) from an accredited college or university.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Inadequate numbers of staff.
2. Mandated client/worker ratio.

Suggested Allocations of Existing or New Resources

Prevention and family-centered treatment services.

STATE INITIATIVES

1. In 1983, Family Services and Family Support Services was instituted because such services were lost when income maintenance and social services were separated. The current program allows for much more extensive and less expensive services to families through the use of parent aides, who may be hired as needed, since their hiring does not affect the legislative cap of social workers.

Contact: Shannon Manzanares, Program Administrator
Department of Social and Rehabilitation Services
Family and Child Protection Services
2700 West Sixth Street
Topeka, Kansas 66606
Telephone: (913) 296-4657

2. Since 1984, SRS and the Kansas Committee on the Prevention of Child Abuse/Neglect have been training law enforcement personnel how to handle child abuse and neglect cases.

Contact: Shannon Manzanares, Program Administrator
(see above for address and telephone)

PREVENTION AND TREATMENT APPROACHES

1. The Healthy Start program, and the County Department of Public Health trained paraprofessionals to visit parents of newborns in the hospital and to visit the home after discharge. Initially funded through a Basic CAN Federal Grant, this program is now funded through the State Department of Health and Environment. Additional information may be obtained at the State's Department of Health and Environment.

2. Happy Bear and Bubilonian Encounter are two sexual abuse prevention programs geared to preschool and grade school children.
Contact the Kansas Committee for the Prevention of Child Abuse/Neglect for evaluation material.

3. In The Family Services Program trained paraprofessionals who provide support, homemaking skills, and positive parenting role models to families identified as abusive or neglectful.

4. The State has set up Sexual Abuse Diversion programs with District Attorneys' offices, in which the abuser is diverted from prosecution if he/she gets treatment. This program is based, in part, on Parents United, although each county has its own "flavor."

ADMINISTRATION

Contact: Shannon Manzanares, Program Administrator
Department of Social and Rehabilitative Services
Family and Child Protection Services
2700 West Sixth Street
Topeka, Kansas 66606
Telephone: (913) 296-4657

Funds for child protection and child welfare are administered by the State.

KENTUCKY

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse Reports Received - 1985

20,073 duplicated family reports and 34,839 duplicated child reports were counted by the State's computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
49.0	47.0	44.0	44.0	44.0

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type * 1

	1981	1982	1983	1984	1985
Physically Injured	6413	7632	8184	7931	9081
Sexually Maltreated	1132	1526	1676	2172	3456
Deprived of Necessities/Neglected	17616	21373	23843	22826	26367
Abuse or neglect-related fatalities	N/A	16	N/A	22	10
Total # Maltreated	25161	30531	33703	32929	34839

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Increases in awareness and number of incidences of child sexual abuse.
2. Increase in child abuse and neglect referrals made during custody disputes.
3. Increased drug use by parents contributing to neglect.
4. Children placed in foster care during the past few years seem to be more disturbed and have more serious problems.
5. Neglect reports are going down and physical and sexual abuse reports are increasing (could be due to more awareness of abuse).

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Reductions in cash assistance programs, and in-kind assistance, such as medical care, housing, etc.

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[1] Figures were obtained by the State's computerized information system. For FY85, figures reflect a count in each type for each incidence reported, as a child may have multiple types and/or multiple reports.

Factors Contributing to Increases in Reports

4. Decreases in community-based services, such as day care, after school programs for children and youth.
5. Increases in single-parent families.
6. Increases in teen-age parents.
7. Increases in blended families.
8. Changes in the definition of child sexual abuse and in the public's and workers' perceptions of child abuse and neglect.
9. Changes in administrative and/or policy standards and procedures.
10. Changes in reporting procedures.

POLICIES AND PROCEDURES

Recent Policy Changes

1. The Child Abuse/Neglect Central Registry was revised in July 1985 to include perpetrator information and to improve accessibility of information.
2. Responsibility for the investigation of child abuse/neglect in CHR operated facilities was assigned to the Inspector General's office rather than conducting "in-house" investigations, beginning in July 1986.
3. In July 1986, a new sexual exploitation definition was added.
4. "Baby Doe" regulations were implemented in July 1985.

Referrals to and Action by Law Enforcement Officials

Law enforcement officials are notified of all physical and sexual abuse allegations when the referral is received. The percent of those referrals which have led to criminal prosecution and/or conviction is not known.

Shifts in Staff

From 1980 to 1984, the Department for Social Services lost 141 social work positions and 152 paraprofessionals while child abuse/neglect reports doubled and the foster care population increased from 2,595 in July 1981 to 2,825 in July 1984.

Average Years of Education Completed by CPS workers

The large majority of CPS workers have a Bachelor's degree and a small number have MSW's.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. A Statewide hiring freeze has prevented the hiring of staff needed to implement Kentucky's Family Based Services program.
2. It is difficult to get the registers needed to hire new staff.
3. Personnel regulations need to be revised to speed up the hiring process.
4. Social workers do not have "good faith" immunity. This affects service delivery in some cases.
5. Liability insurance is not available to most workers, which causes anxiety and often leads to burnout.

Suggested Allocations of Existing or New Resources

1. Prevention of child abuse and neglect, education and public awareness.
2. Treatment for victims and perpetrators, especially for sexual abuse cases.
3. Parent education and school-based curricula.
4. Preventive assistance funds aimed at helping families in financial crisis.
5. Day care and after school child care programs.

STATE INITIATIVES

1. Family Based Services Philosophy and Policies were adopted in April 1985. Supervisory staff has received initial training for this state-funded initiative.

Contact:	Nancy Rawlings Cabinet for Human Resources
Telephone:	502-564-6852
Contact:	Janet Hutcherson National Resource Center on Family Based Services University of Iowa
Telephone:	319-353-0576

2. The American Human Association Competency Based Training program for CPS workers was instituted in 1982. This training, which is supported with State funds, has been offered at least four times a year since its inception. It was recently revised to incorporate the Family Based Services approach.

Contact:	Cabinet for Human Resources Public Social Service Agency

PREVENTION AND TREATMENT APPROACHES

1. Parents Anonymous (PA), has 25 chapters in operation in Kentucky. These chapters collectively served 649 children and 208 families in July of 1986. In addition to self-help group meetings, PA in Kentucky sponsors a Helpline, parenting classes, public education, and training seminars.

2. Family Based Services (See Initiative #1)

ADMINISTRATION

Contact:	Linda Yeary, Branch Manager Department of Social Services, Children's Branch 275 East Main, 6W Frankfort, Kentucky 40621
Telephone:	(502) 564-2136

Contact: Mary Stewart
Systems Administration Branch
275 East Main, 6W
Frankfort, Kentucky 40621
Telephone: (502) 564-3850

Funds for child protection and child welfare services are administered by the State.

LOUISIANA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - FY85

19,938 duplicated family reports and 35,802 duplicated child reports were counted by individual jurisdictions within the state. The total represents all referrals that are investigated.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
33.0	34.0	36.0	37.0	37.0

Reports are duplicated.

Child Protective Reports by Maltreatment Type * [1]

	1981	1982	1983	1984	1985
Physically Injured	5103	6538	7307	8426	8647
Sexually Maltreated	963	1488	1892	3190	3660
Deprived of Necessities/Neglected	14727	20422	22430	24904	30538
Abuse or neglect-related fatalities	N/A	34	54	33	40
Emotional Maltreatment	4129	4806	4405	4885	
Total # Maltreated	24922	34288	36088	41438	42885

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

Trends in Louisiana tend to correlate with the national trends, i.e., higher incidence of abuse and neglect, especially in sexual abuse.

Louisiana tops most States in per capita incident rate, due greatly to the State's high unemployment rate (highest in the nation) and its overall poor economic status.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Increases in teen-age parents.
4. Increases in blended families.
5. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
6. Changes in administrative and/or policy standards and procedures.
7. Changes in the definition of child abuse and neglect.

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[1] Counts were provided by individual jurisdictions within the State for each year. For 1984 and 1985, these counts were also provided by the State's computerized information system.

8. Changes in reporting procedures.
9. Decreases in community-based services, such as day care, after-school programs for children and youth.
10. Increases in single-parent families.

POLICIES AND PROCEDURES

Recent Policy Changes

1. The Foster Care Policy, which incorporated the Louisiana Plan-Permanency Planning for Children (initiated in January of 1982), was amended in January 1986. It is now more specific about service requirements.
2. An Allegation-Based Model for Child Protection Investigation was initiated in July 1985, resulting in the investigation of all referrals. It brought in more cases of neglect and minor physical abuse. State notes that many "real" cases are lost due to the "flood" of cases.
3. In June 1984, the State Central Registry, a 24-hour statewide hot-line was instituted. The registry is the basis for implementation.

These policy changes have increased reporting and the number of cases accepted for investigations.

Referrals to and Action by Law Enforcement Officials

State has a policy of referral to law enforcement officials in certain situations. The percent of substantiated cases which are referred to law enforcement officials or which have led to criminal prosecution and/or conviction is not known.

Shifts in Staff

1. Worker positions are not transferrable between units to allow coverage for shortage of staff.
2. New Child Protective Investigation Policy required a greater burden of documentation by field staff.
3. Implementation of the State Central Registry added the ability to monitor the fields investigation.
4. Switch of approval authority of policy exceptions from State Office Program Specialist to the Regional level by implementation and development of Regional Program Specialists.

Shifts in Staff Between Human Service Programs or Divisions

Shifts occurred between all three Child Protective Services component units: 1) the Investigative Unit; 2) the Treatment Unit; and 3) the Foster Care Unit due to the lowering of certain educational requirements and the salary up-grading of the Investigation workers.

Average Years of Education Completed by CPS Workers

Child protective workers have completed an average of 16 years of education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Constant changes in excessively complicated policy, combined with frequent administration personnel changes, results in great frustration and confusion to local, regional and state office staff levels.

Suggested Allocations of Existing or New Resources

1. Prevention and treatment services.
2. Out-of-home placement resources, especially for special needs children and teens who are more in need of supervision than care.

STATE INITIATIVES

1. The Louisiana Plan for Permanency Planning/Foster Care Policy.
2. The State Central Registry/Allegation model for Investigations

See "Recent Policy Changes" for more detailed descriptions.

PREVENTION AND TREATMENT APPROACHES

1. Kingsley House in New Orleans is a family services preservation program designed to maintain the family unit and work with children and their families in an intact condition to prevent further abuse/neglect. Only families whose children have been identified as needing to be "removed" are referred. This program is a form of "Family Based Services," as modeled at the University of Iowa.

2. The Family Services Society of Greater New Orleans is a multimodal sexual abuse treatment facility. It combines therapies uniquely prescribed for the perpetrator, victim and the family unit.

ADMINISTRATION

Contact: Dr. Terry Gibson or Ms. Laura Dodge-Ghara
Department of Health and Human Resources
Office of Human Development- Division of
Children, Youth and Family Services
P.O. Box 3318 Capitol Station
Baton Rouge, Louisiana 70821
Telephone: 504-342-4073

Funds for child protection and child welfare services are administered by the State.

MAINE

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

5,847 unduplicated family reports were counted by State's computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
56	61	49	52	51

Reports represent families and are unduplicated.

Child Protective Reports by Maltreatment Type * 1

	1981	1982	1983	1984	1985
Physically Injured	N/A	N/A	N/A	1127	1924
Sexually Maltreated	N/A	N/A	N/A	1041	1241
Deprived of Necessities/Neglected	N/A	N/A	N/A	3308	3248
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	2	1
Total # Maltreated	4069	4188	4645	4645	5730

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Child Protective Services have concentrated on more difficult cases.
2. Less concentration on neglect cases — may lead to long term problems.
3. Turn around in public awareness -- child abuse was seen as issue for poor people.
4. The make up of the caseload has changed because of the influx of sex abuse cases; more middle and upper class are either victims or perpetrators of child sex abuse.
5. Foster care has become more of a "in-patient" system rather than a place where children stay for childhood; permanency planning is working.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in reporting procedures.
3. Changes in the definition of child abuse and neglect.
4. Increases in blended families.
5. Increases in single-parent families.
6. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
7 Increases in incidence of child abuse and neglect due to economic conditions of families.
8. Increases in teen-age parents.
9. Decreases in community based services, such as day care, after-school programs for children and youth.
10. Changes in the definition of child abuse and neglect.

POLICIES AND PROCEDURES

Policy Change Description

In July 1982 the State made revisions concerning investigation of child abuse in institutions which broadened jurisdiction to handle more out-of-home cases.

Referrals to and Action by Law Enforcement Officials

The State has a policy regarding referral of certain types of abuse cases to law enforcement and the District Attorney.

Shifts in Staff, 1982 - 1985

	1982	1983	1984	1985
Total Cases Served	6,811	7,592	8,460	8,995
# Auth. CPS Workers	122	121.6	121.6	138.6
Avg. # Cases/Worker/ Year	55.8	62.4	69.6	64.9

No shift in staff occurred between human service programs or divisions during Fiscal Year 1981 - 1985.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Allow Federal Title IV-E funds to purchase services to prevent children from entering foster care.
2. Allow Federal Title IV-E foster care funds to support cost of children in private/non-profit residential treatment centers and group homes.
3. Title IV-B funds above $141 million should be used as incentive for states to improve foster care program rather than as a reward.
4. Change focus of Administration for Children, Youth, and Families to one providing national leadership goals and direction for children's services and funding to implement goals. Otherwise, convert Title IV-E foster care and Title IV-B programs into block grants for child welfare services.

Suggested Allocations of Existing or New Resources

1. Would not shift resources; would add resources to provide supportive services for families which have problems that do not yet require CPS.
2. Have State assessment of all families referred to CPS with necessary supportive services to respond.
3. Target early intervention services to high risk groups (i.e., AFDC parents).
4. Increase funding for child welfare services so caseload could decrease and community resources would be more readily available.

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[1] Totals of maltreated children in 1981 - 1983 are cases opened for investigation, both substantiated and unsubstantiated. Totals of maltreated children in 1984 and 1985 represent substantiated cases only. Abuse/neglect related fatalities and total number maltreated for 1984 and 1985 are estimated to avoid duplicitous reporting. All other reports were counted by the State's computerized information system.

Suggested Allocations of Existing or New Resources (continued)

5. Raise salaries and provide more training for child welfare staff.
6. Add resources for States to increase investigatory units.
7. Provide incentive funding for States to establish family court systems.

STATE INITIATIVES

1. Sexual Abuse Treatment began in 1984, involving community, public and private providers. This initiative seeks to help providers better understand how to intervene and treat this type of abuse.

2. The Department of Human Services began the Voluntary Family Services program in 1984. The program provides services that help single mothers under the age of 20 gain independence.

PREVENTION AND TREATMENT APPROACHES

1. Awareness programs aimed at the prevention of sexual abuse operate in Schools.
2. The Voluntary Family Services program for single mothers under age 20 is noted as another prevention approach. (See initiative #2)
3. State supports sexual abuse treatment efforts through contracts with public and private treatment programs.

ADMINISTRATION

Contact: Barbara Churchill, Director
Department of Human Services
Division of Child and Family Services
State House Station #11
Augusta, Maine 04333
Telephone: (207) 289-5060

Funds for child protection and child welfare services are administered by the State.

MARYLAND

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

8,328 duplicated family reports of neglect were counted manually and 10,032 duplicated child reports of abuse were counted by the State's computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
40	37	38	39	N/A

Reports represent children and are duplicated.

Observed Trends in Child Abuse and Neglect

1. The number of all child abuse reports has increased 550% from 1975 to 1984.
2. The number of sexual child abuse reports has increased 1000% from 1974-1984.
3. In 1974 sexual abuse reports comprised 15% of the total reports received, whereas in 1984 they comprised 28% of all reports.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
4. Increases in single-parent families.
5. Decreases in community-based services, such as day care, after-school programs for children and youth.
6. Increases in teen-age parents.
7. Increases in blend families.

POLICIES AND PROCEDURES

Policy Changes

This information was not available.

Referrals to and Action by Law Enforcement Officials

The State statute requires that law enforcement be advised of all child abuse and their disposition.

Shifts in Staff, 1981-1985

The State reports a 15% increase in staff during FY 1985 and in FY 1986. In 1981, service workers assigned to WIN/SAU were shifted to Protective Services for Children, and the number of workers providing services to families with children and services to adults were reduced.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Protective Services Reports have increased dramatically in recent years. Although staff have been added to the protective services program, staff resources have not kept pace with the sharp increase in reports.
2. Difficult to attract Masters' level social workers into public child welfare programs.
3. High caseloads and low salary levels compared to private practice and work in private organizations make recruitment and retention of trained personnel difficult. (Steps are being taken to increase salary level and to increase staff positions.)

Suggested Allocations of Existing or New Resources

1. Staff needed for investigations and continuing services.
2. Treatment resources needed for sexually abused children in particular.
3. Rise in protective services cases is generating an increase in foster care placements - supply of foster homes is diminishing.
4. Because children coming into care are seriously disturbed and often have overlapping problems of mental illness, mental retardation, learning disabilities, and sexually acting out behavior, more specialized types of placement resources are needed but are not readily available.

STATE INITIATIVES

1. Child Protection Review Panel began in the Fall of 1984 and was completed in January of 1985. The Panel's Report focused on statutory, regulatory, and policy changes which could assist State agencies to: prevent abuse in out-of-home care or placement settings; investigate reports of abuse in these settings aggressively and consistently; and provide appropriate services to abused children and their families and follow-up services and sanctions to licensees in which abuse occurs.

Contact Persons:

Department of Human Resources
Carol Fegan
(301)576-5246

Preventive Medicine Admin., Dept. of Health and Mental Hygiene
Barbara Batholomy
(301)225-6244

Non-Public School Accreditation Branch
Maryland State Dept. of Education
Dr. Adolphus Spain
(301)659-2160

2. In August 1983, the State began the Governor's Task Force on Child Abuse and Neglect. (This initiative was completed in December 1985) The Task Force held public meetings and compiled extensive information on the major issues associated with child abuse and neglect in Maryland. The Task Force also examined the State's child abuse and neglect laws and administrative practices. Legislation to create a permanent forum, the Child Abuse and Neglect Council, was drafted and is recommended to monitor groups that deal with children and to make legislative recommendations.

PREVENTION AND TREATMENT APPROACHES

1. Parent aides, both paid and volunteer, function as a primary support service, assisting in protecting children from further neglect or abuse and preserving family units. The program operates at the local, county, and State levels.

Contact:

Carol Fegin
(301) 576-5242

2. Associated Catholic Charities, Inc. provides four programs to the 89 Catholic elementary schools in the Archdiocese of Maryland. First, the program introduces the Child Sexual Abuse Prevention Program to elementary schools (Catholic) not yet served. Second, it develops a workshops for principals to learn more about child abuse. Third, it develops a Parents Workshop to teach them "how to" teach their children personal safety skills. Fourth, it develops a credit-granting course to train teachers to be responsible for on-going preventive programs for students, parents and faculty.

Contact:

Associated Catholic Charities, Inc.
320 Cathedral Street
Baltimore, Maryland 21201

3. The Sexual Abuse Treatment Programs, located in some local departments of social services, provide treatment groups for abused children, certain offenders and non-offending spouses. This program uses a multidisciplinary approach, stemming mainly from local initiatives. Case management and clinical services (family therapy, marital counseling, individual counseling) are also provided to meet specific needs of the family.

ADMINISTRATION

Contact:

Beverly W. Jones
Program Manager
Child Protective Services
300 W. Preston Street - Room 406
Baltimore, MD 21201
(301)576-5242

Funds for child protection and child welfare services are administered by the State.

MASSACHUSETTS

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

35,924 unduplicated child reports and 30,167 duplicated family reports were estimated by the State. 47,060 duplicated child reports were counted by the State's computerized information system. All referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
N/A	N/A	34	37	38

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	N/A	N/A	4160	4830	5097
Sexually Maltreated	N/A	N/A	1435	2826	3484
Emotional Maltreatment	N/A	N/A	7028(1)	8742(1)	9086(1)
Deprived of Necessities/Neglected	N/A	N/A	2652	3157	3290(2)
Abuse/Neglect Related Fatalities	N/A	N/A	30	38	27
Total Conditions	N/A	N/A	15847(3)	19986(3)	20984(3)
Total # Maltreated(4)	13362	14343	13479	17030	18111

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

- Increase in number of sexual abuse cases.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. More complete counting of reports due to computerization.
3. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
4. Increases in incidence of child abuse and neglect due to economic conditions of families.
5. Increases in single-parent families.

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(1) Included substantiations for emotional injury from abuse or neglect.

(2) Included conditions substantiated as physical neglect, failure to thrive, and congenital drug addiction.

(3) Includes "not applicable."

(4) Duplicated reports; 1981-1982 are estimated. Computerized information system provided all other counts.

POLICIES AND PROCEDURES

Policy Changes

In June 1985 the State instituted a protective intake policy to reduce the number of unnecessary investigations, and reduce the amount of time for interviewing children.

Referrals to and Action by Law Enforcement Officials

Special cases are referred to the District Attorney. Approximately 5% of all cases (including 1/3 sexual abuse cases) are referred to law enforcement.

Shifts in Staff, 1981-1985

Since the Department of Social Services started operation in July 1980 it has experienced a 22% reduction in its administrative work force and an 11% increase in its direct service work force.

Average Number of Years of Education Completed by CPS Workers

In FY 1985, 4% of the staff held MSW degrees, 29.6% held BA degrees and 1.7% had been awarded doctoral degrees.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Short statutory time period for investigating reports (7 days). Legislation has been filed to extend this time period to 10 days.

Suggested Allocations of Existing or New Resources

1. More money for prevention and treatment programs (especially sexual abuse treatment programs).
2. More money for Multidisciplinary teams to conference child abuse cases.

STATE INITIATIVES

1. Sexual Abuse Treatment, which began in the Spring of 1984, is available for victims of child sexual abuse and their families. The project is receives $1.6 million in State funds from private agencies.
2. Chapter 288 is a law requiring the establishment of multidisciplinary teams for cases which are referred to the District Attorney.

Contact:	Marilyn Carey
Telephone:	(617)727-0900 ext. 502

PREVENTION AND TREATMENT APPROACHES

1. The Coastal Community Counselling Center provides assessment, consultation and treatment services to the Coastal Area Department of Social Services. Treatment services include individual, family, and group therapy for victims, offenders, and non-offending spouses.

Contact:	Starr Potts
Telephone:	(617)849-1220

2. The Herbert Lipton Community Mental Health Access Program is a private agency under contract with the State that deals with child sexual abuse prevention.

Contact:	Carolyn Droser
Telephone	(617)537-6069

ADMINISTRATION

Contact:	Nelson Woodfork Assistant Commissioner for Professional Services Department of Social Services 150 Causeway Street Boston, MA 02114
Telephone:	(617)727-0900 Ext. 258

Funds for child protection and child welfare services are administered by the State.

MICHIGAN

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

42,982 (1) duplicated family reports and 95,114 (2) duplicated child reports were counted by the State's computerized system in 1985. Not all referrals are included in the totals as some calls are not accepted as referrals & therefore not investigated.

Percent of Reports Substantiated

	1981	1982	1983	1984	1985
% Reports Substantiated	43	41	41	40	39

Reports represent families and are duplicated. A family would reappear only if referred and substantiated twice during the same year.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	4856	5105	5512	5354	5594
Sexually Maltreated	1767	1737	2077	2928	3518
Deprived of Necessities/Neglected	19046	18783	18885	17959	17264
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	N/A	N/A
Total # Maltreated Children	25669	25625	26474	26241	26376

Computerized information system provided counts.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. CPS has gradually moved toward a law enforcement orientation, i.e., adopting law enforcement terms such as "victim," "perpetrator" "substantiated" and "unsubstantiated."
2. CPS shift results in focusing more on facts of abuse and neglect rather than on service needs of child and family.
3. Central registries have shifted from providing background and history to being able to assess risk within families, and determine whether perpetrators should be placed in certain positions or hired for jobs.
4. Increased tendency and pressure to involve CPS in non-familial child maltreatment situations. Need to reassert role of CPS in primary caretaker situations and educate parents about their protective role if secondary caretakers mistreat a child.
5. Increase in number of sexual abuse referrals in CPS.

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(1) Represents number of referrals studied during FY 85; a family equals a referral. Duplicates would occur if a family was referred and studied more than once in a year.

(2) Number of children in families studied.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.*
2. Changes in administrative and/or policy standards and procedures.**
3. Increases in teen-age parents.
4. Increases in single-parent families.
5. Perception by some professionals that any harm to a child ought to result in a child abuse or neglect complaint, combined with a fear they might be liable for damages if not reported.

* Including a general tendency to report broad range of conditions or situations as child abuse or neglect, when it does not actually fall below a community's minimum standard of child care. Reflects reporter value system or standard of child care.

** In particular - forcing the service system in to the CPS mode whereby referrals are funneled through CPS without having a basic services system available to respond.

POLICIES AND PROCEDURES

Policy Changes

No policy changes are reported by the State.

Referrals to and Action by Law Enforcement Officials

The department is required to seek the assistance of and cooperate with law enforcement officials within 24 hours after becoming aware of abuse.

Shifts in Staff, 1981 - 1985

There was a 38% increase in line staff from July 1982 to January 1986. There were 16% more CPS line staff in January 1986 than in January 1985. State also reports a 20% decrease in number of child welfare central office staff during this period. Central staff were reduced to maintain line workers.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. More staff needed to handle increasing numbers of referrals.
2. Adequate resources needed to train staff.
3. Misperception as to what constitutes abuse/neglect which results in more unsubstantiated referrals to CPS.

Suggested Allocations of Existing or New Resources

1. Assist families whose cases are unsubstantiated but who nevertheless are in need of services, so they will not be propelled into the child welfare and juvenile court systems.
2. Prevention and basic family services.

STATE INITIATIVES

1. The Children's Trust Fund was established by legislation in 1982 as a permanent source of support for local programs aimed at preventing child abuse and neglect.

Contact:	Children's Trust Fund Third Floor, Mason Building P.O. Box 30026 Lansing, MI 48909
Telephone:	(517)373-4320

2. In 1985, Multidisciplinary Teams, stable groups were established by legislation. Consisting of community professionals (medical, legal, psychological, law enforcement, and social service personnel), the groups meet regularly and frequently to assess, plan, implement, and monitor treatment for each family accepted for team services.

PREVENTION AND TREATMENT APPROACHES

1. "Preventive Services For Families" is a home-based, family-centered program available to high-risk families. The program's objective is to: improve family functioning; increase the ability of families to recognize the need for help and identify helping resources within their community; and remove the risk of child abuse, neglect, and exploitation.

2. The "Parent Nurturing Program" is a group-based preventive and treatment program designed to increase the parenting and nurturing skills of parents and their children who are experiencing problems in interactioning with their children. It has proven to be especially effective with families at risk of abusing their children.

3. The "Perinatal Positive Parenting Program" gives parents of firstborn babies an opportunity to learn about child growth and development, as well as practice parenting skills. Volunteers work with the parents while the mother is in the hospital and at the parents' home after birth.

4. "Parents United" is self-help treatment for victims of sexual abuse, adults who were molested as children, offenders, and siblings of those who were sexually abused. Participants meet as a group and are allowed to sponsor new members who may be experiencing (or have experienced) the same problem. The group also is involved in relaying to the community what they have learned through the meetings.

ADMINISTRATION

Contact:	Ms. Susan Allen Administrative Assistant Office of Children & Youth Services P.O. Box 30037 Lansing, MI 48909
Telephone:	(517)373-4546

Michigan has a State-administered social services system. Programs are administered and services delivered according to State policies. Services are delivered by State employees from local offices of the Michigan Department of Social Services located in the State's 83 counties.

MINNESOTA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

15,703 duplicated family reports and 22,046 duplicated child reports were counted by the State's computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
44	42	41	39	N/A

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	N/A	3841	4499	6394	N/A
Sexually Maltreated	1442	1870	2462	4357	N/A
Deprived of Necessities/Neglected	N/A	5327	5592	7870	N/A
Abuse/Neglect Related Fatalities	N/A	9	5	11	N/A
Total # Maltreated	11,735	14,408	16,199	23,649	N/A

Incident reports are sent by county social service agency to state agency. All numbers reported are based on aggregation and analysis at state agency level of those reports.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Increase in reports and substantiated maltreatment.
2. Increased identification of sexual abuse.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Professional and public recognition of intra-familial sexual abuse.
3. Increases in single-parent families.
4. Increases in teen-age parents.

POLICIES AND PROCEDURES

Referrals to and Action by Law Enforcement Officials

State statutes require that all reports be referred to law enforcement. The local welfare agency, upon receiving a report, is required to immediately notify the local police department or the county sheriff orally and in writing.

Average # of Years of Education Completed by CPS Staff

The State requires at least a B.A. degree for entry-level positions, and some larger agencies require an M.S.W. for Child Protective Services positions.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Increased public attention led to greater criminalization of child maltreatment, which in turn has introduced some yet-to-be-clarified ambiguities in the role of the child protection worker.
2. A good information system is needed to be more accountable for success in protecting children.

Suggested Allocations of Existing or New Resources

Treatment - in particular, more attention to helping victims deal with victimization so that the State can more effectively interrupt the inter-generational cycle of child maltreatment.

STATE INITIATIVES

1. The purpose of the Sexual Health and Responsibility Program (S.H.A.R.P.) is to confront the myths and stereotypes about sexuality with which adolescents, to educate them about sexuality, to educate them about sexual aggression/sexual offenses and the consequences, and to explore with them healthy and/or positive decision-making. Material is presented in five 55-minute sessions to Junior and Senior high schools.

Contact:	Becky Montgomery Department of Human Services
Telephone:	(612)297-3634

2. Permanency Planning Grants to Counties Act is directed at County Social Services Agencies throughout the State.

Contact Person:	Sandra Erickson Department of Human Services
Telephone:	(612)296-3250

PREVENTION AND TREATMENT APPROACHES

1. Project TRUST (Teaching, Reaching: Using Students and Theater) is a licensed program of Illusion Theater, Minneapolis, that trains high school students to perform the Touch Continuum for elementary students. This prevention program examines touch that is nurturing, confusing, and exploitative, and provides children with the vocabulary to discuss sexual abuse and protection and prevention skills. Project TRUST currently operates in five Minnesota sites.

2. Rural Family Sexual Abuse Treatment Teams use a model developed by the Range Mental Health Center in Virginia, MN. The treatment groups offered are: perpetrator, victim (both adolescent and pre-adolescent), non-offending spouse, and sibling. Some programs also offer multi-familial groups. In addition, Treatment Teams offer incest survivor groups, family therapy, couple counseling, and dyad work

between perpetrator and victim and non-offending parent and victim. Program length is 18-24 months. Families are referred elsewhere after treatment for specific issues.

ADMINISTRATION

Contact: Dwaine R. Lindberg
Supervisor
Child Protective Services
4th Floor, Centennial Office Building
658 Cedar Street
St. Paul, MN 55155
Telephone: (612)296-6743

Funds for child protection and child welfare services are administered by counties, cities or towns.

MISSISSIPPI

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

8,042 duplicated family reports were counted by the State's computerized information system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
55	44	48	50	51

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	317	259	394	527	1168
Sexually Maltreated	N/A	113	199	377	571
Deprived of Necessities/Neglected	982	947	1233	1377	2032
Abuse/Neglect	204	90	155	186	320
Abuse/Neglect Related Fatalities	8	6	3	**	**
Total # Maltreated	1,503	1,409	1,941	2,467	4,091

For 1981 - 1984 reports are manually counted, in 1985 a computerized information system provided reports.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

**Information not available at this time.

Observed Trends in Child Abuse and Neglect

1. Number of overall reports of child abuse/neglect, substantiated sexual abuse, and abuse in day care centers, residential facilities, foster homes, etc. increased.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in the definition of child abuse and neglect.
3. Increases in incidence of child abuse and neglect due to economic conditions of families.
4. Changes in administrative and/or policy standards and procedures
5. Changes in reporting procedures.
6. Increases in single-parent families.
7. Increases in teen-age parents.
8. Increases in blended families.
9. Decreases in community-based services, such as day care, after-school programs for children and youth.
10. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.

POLICIES AND PROCEDURES

Referrals to and Action by Law Enforcement Officials

Each county welfare department has an agreement with local law enforcement officials and every substantiated case is reported to the District Attorney.

Average Number of Years of Education Completed by CPS Worker

CPS Workers completed an average of 16 years of education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Size of caseload carried by most social workers is too high.
2. Social workers are not able to receive adequate training at onset of job.
3. State would prefer not to have State Personnel Board approve contracts when 100% federal funds are being used.

Suggested Allocations of Existing or New Resources

1. In counties with enough social workers, have workers specialize in specific areas, i.e. investigation, etc.
2. Each region would have workers available to assist counties in difficult investigations.
3. Counties close to each other with only 1 worker would share workers to be able to specialize.

STATE INITIATIVES

1. The Definition of Child Abuse/Neglect with Guidelines is an 8 member committee composed of DPW staff, 200 people across the State, such as: judges, youth court staff, attorneys, teachers, pediatricians, etc. The Initiative is directed at any agency or professional in the State who may work with a victim or perpetrator of child abuse.

Contact:	Melzana Fuller
Telephone:	(601)354-0341

2. The Definitions Project Committee helps to determine the topics to be included in the Child Welfare Practice Manual as well as reviews and comments on the draft content. This initiative is directed at Child Welfare Staff of the Department of Public Welfare.

Contact:	Melzana Fuller
Telephone:	(601)354-0341

PREVENTION AND TREATMENT APPROACHES

1. Project S.A.A.F.E. (Sexual Abuse Awareness For Everyone) which was piloted in the Spring of 1984, has reached more than 3300 people in Hinds County, Mississippi. Its manual unanimously viewed as a vital part of a child's education regarding personal safety with strangers, friends and relatives, was written to help prevent sexual abuse of young children and to aid in early detection and intervention regarding such abuse.

2. Harrison County Department of Public Welfare proposes to provide two types of related groups - a Victim Peer Group and a Maternal Caretaker Group. The Victim Peer Group is homogeneous and includes individuals with one shared experience - incest/sexual abuse. The group follows a developmental approach with the co-leaders acting as mediators and enablers. The Maternal Caretaker Group provides five groups for the maternal caretakers (not specifically limited to mother figures of the participants of the victim peer group although they are given top priority).

ADMINISTRATION

Contact: Glenn Grimsley
Children's Services Department
P.O. Box 352
Jackson, MS 39205
Telephone: (601)354-0341

Funds for child protection and child welfare services are administered by the State.

(The Mississippi Dept. of Public Welfare administers child welfare services. Policy is developed at the State level and administered by the staff at county level under the supervision of State and regional program staff.)

MISSOURI

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

41,150 duplicated family reports and 75,953 duplicated child reports were counted by the State's computerized system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
N/A	51.77	46.14	43.84	44.12

Reports represent both families and children and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	N/A	5709	6178	6979	7044
Sexually Maltreated	N/A	1397	1541	2663	2844
Deprived of Necessities/Neglected	N/A	35007	29703	32302	33537
Abuse/Neglect Related Fatalities	N/A	31	20	32	24
Total # Maltreated	N/A	32725	28376	30935	32120

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Number of complaints of child abuse and neglect, especially sexual abuse, has increased dramatically.
2. Community reporting more mild to moderate abuse/neglect incidents than previously.
3. Community more aware of effects of child abuse and neglect on families and children.
4. Because of increased reports and scrutiny by community, social workers are requiring extensive training in investigation of reports.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Increases in single-parent families.
4. Increases in teen-age parents.
5. Changes in the definition of child abuse and neglect.

POLICIES AND PROCEDURES

Policy Changes

1. The State instituted Co-Investigation Procedures with Law Enforcement Agencies in May 1985.
2. A Parental Stress Helpline (Preventive Services),is a 24-hour toll-free telephone service instituted in June 1985.

3. In April 1983, Permanency Planning Review Teams were implemented statewide and for all foster care cases - in part to meet P.L. 96-272 case review requirements. The Review Teams have affected the quality and quantity of services.

Referrals to and Action by Law Enforcement Officials

The State policy requires staff to contact law enforcement to request assistance in investigating severe cases of physical abuse, neglect and sexual abuse. In addition, cases are referred to the prosecuting attorney when it appears criminal activity may have occurred. Neither the percent of substantiated cases of abuse and neglect which are referred to law enforcement nor the percent of referrals which have led to criminal prosecution and/or conviction are collected by the State.

Shifts in Staff, 1981-1985

In 1982, all staff assigned to Protective Child Welfare Services were assigned specific duties. The CA/N investigation and CA/N treatment functions were separated and assigned to designated staff. No worker could carry both functions except in their low population counties. No shifts occurred between human service programs or divisions during these years.

Average Number of years of education completed by CPS Workers

22% of DPS Children's Services staff have less than minimum merit system entry educational requirements.

In March 1983, DPS established minimum educational requirements for new staff hirings in two classes of employees providing child protective services as follows:

Social Service Worker I -	undergraduate degree or 24 college credits in social sciences.
Social Service Worker II -	undergraduate degree and one year experience in provision of child protective services.

The percent of employees with less than the minimum will be reduced as DPS fills position vacancies.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

No barriers except for financial constraints. Legislative and community expectation of services affects the amount of appropriation. This in turn has limited the number of child welfare services.

Suggested Allocations of Existing or New Resources

1. Additional funding for prevention activities which would provide parental education, sexual awareness training and parental stress counseling.
2. Increase in population of foster care children with severe emotional and behavioral problems requires additional funds for specialized foster care, group homes and restrictive psychiatric care facilities.

STATE INITIATIVES

1. Specialized Foster Care began in February 1985 to treat children in foster care with moderate medical and behavioral problems. The initiative is small in size, as it only allows a maximum of 50 children, although moderators estimate that approximately 100 children will be added in FY 86 and FY 87 respectively. It receives $200,000 in funding from the federal government and $400,000 from the State.

Contact Person: William Siedhoff
Division of Family Services

2. Legislation in 1983 created the Children's Trust Fund which is supported through the tax check-off system and administered by a board of directors.

Contact: Cheryl Mason
Children's Trust Fund

PREVENTION AND TREATMENT APPROACHES

1. Villa Maria Center, an agency under the supervision of Catholic Family and Children's Services of Greater St. Louis, provides after care services to teenage parents who elected to keep their babies.

2. The Children's Place in Kansas City, Mo. provides multidisciplinary services to young children (age 5 and under) and their parents. Emphasis is placed on children experiencing developmental delays. This program has been widely accepted in the community and has a high rate of success in providing treatment in child abuse and neglect situations.

3. Begun in December of 1984, Wiser, Inc. provides families and children with a unified treatment program through an alternative living program. Its intent is to maintain or rebuild family unity.

ADMINISTRATION

Contact Person: Richard L. Matt
Assistant Deputy Director,
Children's Services
Division of Family Services
Broadway State Office Building, P.O. Box 88
Jefferson City, MO 65103
Telephone: (314)751-4329

Funds for child protection and child welfare services are administered by the State.

MONTANA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

5,516 duplicated child reports were counted by the State's computerized system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
N/A	N/A	N/A	51%	50%

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physical/Emotional Abuse	N/A	N/A	N/A	N/A	1,172
Sexually Maltreated	N/A	N/A	N/A	N/A	578
Deprived of Necessities/Neglected	N/A	N/A	N/A	N/A	1,786
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	N/A	2
Total # Maltreated	N/A	4,426	5,017	5,877	6,394

"Total # Maltreated" are all cases investigated, while figures in all other categories represent only substantiated cases. Computerized information system provided counts.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Large increases in reporting of child sexual abuse have been observed -- as a result of increased awareness of problem.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Changes in administrative and/or policy standards and procedures.
4. Changes in reporting procedures.

POLICIES AND PROCEDURES

Policy Changes

The State reports no policy changes that have affected the number or type of maltreatment cases reported, investigated or provided with services.

Referrals to and Action by Law Enforcement Officials

All substantiated sexual abuse cases are referred to law enforcement officials for investigation. The total number of reports referred to law enforcement as well as the total number of referrals which have led to criminal prosecution and/or conviction were not available.

Shifts in Staff, 1981 - 1985

From FY85 to FY86, 3.6 FTEs for social worker positions were lost because of State budget constraints and insufficient appropriations. Twelve newly-authorized social worker positions which were to be added in FY87 will not be added because of the State's budget crisis.

Staff Function Changes, 1981 - 1985

Effective 3/1/86 CPS Workers are required to use the new Child Risk Assessment Instrument as part of documentation in all abuse/neglect investigations.

Shifts between Human Services Programs or Divisions

The State reports no shifts between Human Services Programs and Divisions.

Average number of Years of Education Completed by CPS Workers

The State requires that CPS Workers have at least 16 years of education (a B.A.). Most social worker supervisors have MSW degrees.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Lack of funds for staff.
2. Lack of flexibility to use money to keep children at home.
3. Severe lack of initial and on-going training for CPS and child welfare workers.
4. The commitment at any level (county/state/federal) is definitely lacking.

Steps to Remove Barriers

Significant commitment of resources and funds.

Suggested Allocations of Existing or New Resources

1. Overall treatment and prevention are non-existent. Need significant resource commitments in these two areas.

STATE INITIATIVES

1. The Children's Trust was established primarily for the prevention of child abuse and neglect in January, 1986 and is implemented by state and local agencies, as well as public and private organizations. It is funded by a voluntary tax check-off; a divorce fee; by gifts and for one year by NCCAN monies.

2. Established in July 1985 and, federally funded the State Committee for Prevention of CAN is modeled after the National Committee. The initiative involves state, local, private and public agencies, and is directed toward schools.

PREVENTION AND TREATMENT APPROACHES

The State is not able to provide overall treatment and prevention since significant resource funding is unavailable for these two areas.

ADMINISTRATION

Contact Person:	Frank Kromkowski & John Madsen Montana Department of Social and Rehabilitation Services P.O. Box 4210 Helena MT 59604
Telephone:	(406)444-3865

For Fiscal Data; Contact Person:	Doug Matthie Russ Elser Montana Department of Social and Rehabilitation Services P.O. Box 4210 Helena MT 59604
Telephone:	(404)444-3865

Funds for child protection and child welfare services are administered by both the State and locally.

NEBRASKA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

7,952* duplicated family reports were counted by the State's computerized system in 1985. Not all referrals are included in the total.

* In the event a subsequent investigation was conducted on the same family during the same year, this would count as two investigations.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
50.2	43.6	45.9	53.3	60.6

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	N/A	862	1131	1624	1989
Sexually Maltreated	N/A	278	287	746	963
Deprived of Necessities/Neglected**	N/A	3674	4003	5810	8314
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	N/A	8
Total # Maltreated***	N/A	2974	3524	5369	7772

The computerized information system provided counts for all but "Abuse/Neglect Related Fatalities, 1985," which was counted manually.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

**Also included in this category, "emotional maltreatment" and "other."

***This count is of "involved children" in all substantiated investigations per year; more than one type of abuse could be indicated for each child.

Observed Trends in Child Abuse and Neglect

Increases in child sexual abuse, child abuse and neglect reporting, substantiation rate.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2a. Increases in incidence of child abuse and neglect due to economic conditions of families.
2b. Increases in single-parent families.
3. Decreases in community-based services, such as day care, after-school programs for children and youth.
4. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.

POLICIES AND PROCEDURES

Policy Changes

In April, 1985 the Child Protective Services Policy was completely revised. The biggest change was in prioritizing the reports, which resulted in more substantiated reports.

Referrals to and Action by Law Enforcement Officials

The State has a policy that prioritizes a report based on the allegation and the risk assessment.

Shifts in Staff, 1981-1985

Data for FY 81-83 not available. In September 1983, there were 109.5 CPS Worker positions statewide, in September 1984, there were 147.5 positions and as of May 1, 1986 there are 176 positions. The increases in staff result from allocations of additional funding by the legislature for approximately 20 positions and reassignment of duties and reclassification of other positions within the Client Service Delivery Division of the Department.

Shifts in Staff Occurring Between Human Services Programs and Divisions, 1981-1985

Child-centered case management shifted to family-centered case management. Social Service staff was specialized into child welfare functions.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Budget constraints and limitations.
2. Additional CPS staff needed to reduce caseload size so more intensive work can be done within the family's home to prevent break-up.

Suggested Allocations of Existing or New Resources

1. The State explains that the only funding currently available for prevention services is the Federal Child Abuse Prevention and Treatment Act grant, and that more funding is needed.
2. More staff is needed for investigation and treatment.

STATE INITIATIVES

1. The State provides start-up grant monies for community based organizations and individuals providing child abuse/neglect prevention and treatment services. The initiative receives $40,000 in federal funding (under CAPTA) per year.

Contact: Mona Way
Nebraska Department of Social Services
Telephone: (402)471-9302

2. Joint law enforcement/CPS investigation training is an ongoing program which receives $10,000 in federal funding per year.

PREVENTION AND TREATMENT APPROACHES

1. The Nebraska Committee for Prevention of Child Abuse has in the last six months, especially during April 1986, provided community organizations and schools with packets of information on child sexual abuse including Spiderman comics.

2. The Family Sexual Abuse Self Help Program in the Omaha Metro Area has helped hundreds of families in the last few years through self-help groups for victims, abusers, non-abusing parents, and victims who are now adults. Although this is a private program, it is supported by the Department of Social Services.

3. The Nebraska Department of Social Services home-based family services program works intently with families to reunify or prevent placement. Family therapists are utilized who are either Department staff or from contracted programs.

ADMINISTRATION

Contact: Mona L. Way
Child Protective Specialist
Division of Human Services
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509
Telephone: (402)471-9273

Contact: Kim Nore
Research Analyst
Research and Finance Division
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509
Telephone (402)471-9175

Funds for child protection and child welfare services are administered by the State.

NEVADA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

6,438 unduplicated family reports were estimated by the State, since not all reports have been submitted from contributing jurisdictions. All referrals including those screened out prior to investigation are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
52	51	56	55	52

Reports represent families and are unduplicated.

Child Protective Reports by Maltreatment Type *

	1981***	1982	1983	1984	1985
Physically Injured	651	665	684	672	826
Sexually Maltreated	174	194	290	412	438
Deprived of Necessities/Neglected**	3037	3326	3238	5354	6288
Abuse/Neglect Related Fatalities	0	1	6	3	6
Total # Maltreated	3862	4186	4218	6441	7558

Computerized Information System provided counts.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

**Also includes physical and emotional neglect, abandonment, unknown and other types of maltreatment.

***Will not equal total number of reports, since some children have more than one type of maltreatment.

Observed Trends in Child Abuse and Neglect

1. 22% increase in suspected child abuse and neglect reports.
2. 42% increase in reports of sexual abuse between 1983 and 1984.
3. Children are remaining in foster care for longer lengths of time.
4. Children have more medical, psychological and behavioral problems.
5. More complex and demanding court-related activities, e.g. court hearings, court reports.
6. Increasing number of birth parents with serious problems, especially alcohol and drug abuse and mental health problems.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Changes in reporting procedures.
4. Changes in the definition of child abuse and neglect.

5. Decreases in community-based services, such as day care, after-school programs for children and youth.
6. Increases in single-parent families.
7. Increases in blended families.
8. Increases in teenage parents.

POLICIES AND PROCEDURES

Policy Changes

No policy changes reported.

No Referrals to and Action by Law Enforcement Officials

Reports must be made immediately to an agency which provides protective services or to a law enforcement agency when there is reason to believe that a child has been abused or neglected.

Shifts in Staff, 1981-1985

The Nevada State Welfare Division has suffered a 5% reduction in staff during FY 1981-1985, despite a rise in the number of Child Protective and Child Welfare Cases which are mandated by Nevada statute. One result is that the number of services offered in 1975 (25) has been reduced to only 8 in 1986.

State Social Workers in units serving aged and handicapped clients were transferred to Child Welfare units because of the increase in the number of Child Welfare cases.

Average Number of Years of Education Completed by CPS Workers

CPS Workers have completed an average of 16 years of education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Lack of adequate staff.
2. Lack of staff training.
3. Lack of placement resources for children.
4. Lack of training for foster parents.
5. Lack of adequate funds to remove the above listed barriers.

Suggested Allocations of Existing or New Resources

Adequate funds to support the staff.

STATE INITIATIVES

1. The Sexual Abuse Treatment Program provides therapy, counseling and support services to sexually abused children. This program, which began in February 1986, now operates in Reno and Las Vegas. In each area, a Welfare Division Social Worker and Mental Health Division Social Worker are assigned to the Program.

Contact:	Kathleen Shane Nevada State Welfare Division
Telephone:	(702)885-3058

Contact:	Dr. Wilford Beck Nevada Mental Health & Retardation Division
Telephone:	(702)885-3058

2. The 1985 Legislative Session provided funding to establish a Family Reunification Program to provide intensive services to prevent institutional placements and to reunify children in foster care with their families.

Contact:	Kathleen Shane Nevada State Welfare Division
Telephone:	(702)885-3058

PREVENTION AND TREATMENT

1. While primarily providing counseling services to victims and perpetrators of sexual abuse, Parents United, which is a voluntary private organization, also provides prevention services through dissemination of literature and use of its speakers bureau statewide.

2. "Better Safe than Sorry" is an educational program developed and presented by a voluntary private group to children at schools throughout the State.

ADMINISTRATION

Contact:	Gloria Handley Chief, Program Services Nevada State Welfare Division 2527 N. Carson Street, Capitol Complex Carson City, NV 89710
Telephone:	(702)885-4874

Funds for child protection and child welfare services are administered by both the State and locally. (Social Services Block Grant Funds for child protection and child welfare services are administered by the State through five contracts, each covering a certain jurisdictional area. In some areas CPS monies are augmented by county funds; the percentage and dollar amounts are unknown.)

NEW HAMPSHIRE

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

3,765 unduplicated family reports were manually counted by the State in 1985. Not all referrals are included in the totals.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
37	46	43	46	45

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	117	94	384	454	478
Sexually Maltreated	58	193	256	327	359
Deprived of Necessities/Neglected**	507	743	397	617	529
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	N/A	N/A
Emotional	29	67	243	417	341
Total # Maltreated	974	1376	1279	1814	1707

Reports are manually counted.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

**Includes all neglect categories: lack of supervision, abandonment, inappropriate discipline (i.e. locking in closets), and deprivation of necessities.

Observed Trends in Child Abuse and Neglect

1. Nature of reports are more severe.
2. Increased numbers of reports of sexual abuse.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in the definition of child abuse and neglect.
3. Changes in administrative and/or policy standards and procedures.
4. Increases in blended families.
5. Decreases in community-based services, such as day care, after-school programs for children and youth.
6. Increases in incidence of child abuse and neglect due to economic conditions of families.
7. Increases in teen-age parents.
8. Increases in single-parent families.
9. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
10. Changes in reporting procedures.

POLICIES AND PROCEDURES

Policy Changes

The State developed the "DCYS Manual - Bureau of Children Program Policy," in July, 1985.

Referrals to and Action by Law Enforcement Officials

All serious physical abuse referrals and all sexual abuse referrals are routinely reported to local law enforcement and the County Attorney per agency policy and recent legislation.

Shifts in Staff, 1981-1985

Child Welfare/Protective Services split from the Division of Welfare in 1983. It joined with the Juvenile Justice Prevention Program and the Detention facility to create the new Children and Youth Services. This added: new organizational structure, increased responsibility for CHINS/& Delinquents on the part of C.P.S. and C.W.S. staff, and some social worker staff.

Average Number of Years of Education Completed by CPS Workers

CPS Workers have completed an average of 16 years of education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Increased workload (number of reports, severity of reports, nature of work with CHINS and adolescents).
2. Increased accountability/paperwork.
3. High Social Worker turnover rates.
4. Insufficient staff.
5. Need addition of "case aides" to handle paperwork.
6. Need "support staff" to develop community resources.
7. Update policy and procedures to provide clear direction/expectations among direct service staff.

Suggested Allocations of Existing or New Resources

State would like to add State dollars to maintain agency funding so they can re-allocate federal funds at the community level and target them toward placement prevention and family reunification.

STATE INITIATIVES

1. In June 1986 the State established "Law Enforcement/DCYS Reporting Protocols" for the law enforcement agencies to follow.

2. "Parents Anonymous" began in 1981 to provide prevention and treatment for child abuse and neglect victims through DCYS and Community Groups.

PREVENTION AND TREATMENT APPROACHES

1. The Model Community - Public Recruitment and Development of Multidisciplinary Teams in northern regions of the State is designed to

promote awareness of problems of CA/N through case assessment activities among community professionals. The program also includes a yearly regional conference designed around a specific topic of local interest in the area of CA/N with "networking" as one objective.

2. The New Hampshire Task Force on Child Abuse and Neglect is a private statewide association of community volunteers organized to: promote public-professional awareness of CA/N in the State, recruit/train/supervise volunteers to work with high-risk families, provide legislative advocacy on behalf of children, facilitate resolution in areas of immediate concern regarding gaps in the existing service delivery system.

3. Community Mental Health of Concord provides specialized treatment services to victims of domestic violence, sexual abuse offenders/victims, incest survivors. It serves as the sponsor agency for parent/child centers that provide education to high-risk families.

4. "Familystrength" is a private program which provides intensive-home-based services to families when placement of a child is imminent

ADMINISTRATION

Contact: David A. Bundy
Department of Health & Human Services
Division for Children & Youth Services
6 Hazen Drive
Concord, N.H. 03301
Telephone: (603)271-4451

Funds for child protection and child welfare are administered by the State.

NEW JERSEY

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

47,126 duplicated child reports were counted by the State's computerized system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
N/A	34.8	33.8	33.7	38.3

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	N/A	2435	2909	4105	5869
Sexually Maltreated	N/A	764	896	1155	1842
Deprived of Necessities/Neglected	N/A	3049	4165	8241	7241
Abuse/Neglect Related Fatalities**	N/A	N/A	21	21	20
Multiple Maltreatments	N/A	773	948	1469	3086
Total # Maltreated	N/A	7021	8939	14991	18058

Computerized information system provided counts.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

**"Abuse/Neglect Related Fatalities" are manually counted.

Observed Trends in Child Abuse and Neglect

1. Number of abuse/neglect investigations and substantiation have more than doubled, due to increased public awareness.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in single-parent families.
3. Increases in blended families.
4. Increases in incidence of child abuse and neglect due to economic conditions of families.
5. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
6. Decreases in community-based services, such as day care, after-school programs for children and youth.
7. Increases in teen-age parents.
8. Changes in administrative and/or policy standards and procedures.
9. Changes in reporting procedures.
10. Changes in the definition of child abuse and neglect.

POLICIES AND PROCEDURES

Policy Changes

1. Increased Referrals & Service: Instituted in 5/84, this change required investigation & service delivery as needed to "Baby Doe" cases.
2. Decreased Investigation: Police brutality cases were excluded from DYFS required investigations. This policy change was instituted in 8/84.
3. Increased Service Delivery: Issued Mission Statement, in 3/84, which broadened the Division's scope philosophically to include advocacy, exploring all options within the family and community.
4. Increased Investigation: DYFS conducts fingerprinting and full criminal record checks on prospective providers of day care, foster care, and adoption. This service began in 1/86.
5. Increased Referrals & Service: DYFS accepts referrals, investigates and provides services to families affected by the release of a parolee. This service began in 9/85.
6. Increased Referrals: Although not a "policy change," the Board of Education resolution required reporting by school personnel in 1/85.
7. Although not a "policy change," an agreement was made that Home Health Agencies & ambulatory care facilities would insure & facilitate reports of abuse/neglect cases through the identification and training of responsible persons. This began in 7/82.

Referrals to and Action by Law Enforcement Officials

The State requires DYFS to report to the County Prosecutor those cases of alleged abuse and/or neglect that involve suspected criminal activity on the part of a child's parent, caretaker, or any other person.

Shifts in Staff, 1981-1985

The State reports a 65% increase in Direct Services Field Staff.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Reduction of federal funding.
2. With advent of Gramm-Rudman Act and other funding reductions, provision of children's services is threatened.

Suggested Allocations of Existing or New Resources

Expansion of preventive services

STATE INITIATIVES

1. Local Prevention Programs were established in the State in July, 1983 to coordinate and prioritize the budgetary needs in each County. The Councils in each County have monthly meetings to make decisions on assessments.

Contact:	Jim Smith County Human Service Advisory Councils
Telephone:	(609)984-2378

PREVENTION AND TREATMENT APPROACHES

1. Private agencies are recruited for the "Child Assault Prevention Program" to conduct workshops for adults and children pre-school through grade 6. The Program addresses many parental situations wherein exploitation and/or abuse of different types can occur. The Program, also done in Spanish, has trained 76,000 children so far in approximately 3,045 classrooms. It is held in one school in each of the 21 counties.

ADMINISTRATION

Contact: Sheldon Presser
Supervisor, Planning & Reporting
Department of Human Services
Division of Youth and Family Services
Public Policy & Planning, OPP&S, DYFS
1 South Montgomery Street
Room 525
CN 717
Trenton, New Jersey 08625
Telephone: (609)292-0773

Funds for child protection and child welfare services are administered 90% by the State and 10% locally.

NEW MEXICO

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports - 1985

12,061 duplicated reports were estimated by the State in 1985. Not all referrals are included in the totals.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
N/A	45	48	37	57

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	N/A	1236	1178	3556	4808
Sexually Maltreated	N/A	N/A	N/A	1705	2436
Deprived of Necessities/Neglected	N/A	2186	2493	7314	9295
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	N/A	N/A
Total # Maltreated Children	N/A	3423	3671	12575	16536

Counts for 1982, 1983, and 1985 are estimated. In 1984 the computerized information system provided the counts. Total may include duplicate client counts if, for example, a child has been reported to have been sexually maltreated and physically injured.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect
1. Stronger emphasis has been placed on reunification or adoption of foster children.
2. Neglect accounts for over half of the victims referred.
3. Increase of 33% of referred victims in all categories from the first three quarters of 1984 to first three quarters of 1985.

Factors Contributing to Increases in Reports
1. Increased public awareness of child abuse and neglect.
2. Increased population.
3. Increases in incidence of child abuse and neglect due to economic conditions of families.
4. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
5. Increases in teen-age parents.

POLICIES AND PROCEDURES

Policy Changes

No policy changes were reported by the State.

Referrals to and Action by Law Enforcement Officials

The District Attorney, county social services, or probation services office is notified when child abuse or neglect is suspected.

Shifts in Staff, 1981-1985

In 1984, 24 Client Service Agents were converted to 16 Social Worker III positions. In 1985, 24 new Social Worker positions were created.

Average Number of Years of Education Completed by CPS Workers

All CPS Workers have a BA in specified fields in addition to one to three years experience or education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Lack of funding for comprehensive programs in prevention and treatment services.

Suggested Allocations of Existing or New Resources

1. Need for education and small specialized caseloads for Family Based Services.
2. Additional staff for Family Based Services.
3. Need for emancipation preparatory group facilities for youth who will "graduate" from social services system.

STATE INITIATIVES

1. Permanency Planning Enhancements are directed toward children in custody. The Program is run by the Human Services Department and is State-funded.

Contact:

Jack Callaghan
Bureau Chief
Program Services Bureau
Human Services Department
P.O. Box 2348
Santa Fe, N.M. 87504

2. Family Based Services, which receives federal funding, uses prevention services and is directed towards high-risk families.

Contact:	Glenn Wohl
Telephone:	(505)827-4050

PREVENTION AND TREATMENT APPROACHES

1. "Family Based Services" works with several social service agencies focusing on families rather than individuals. These Services are intended to strengthen and maintain client families and to prevent family dissolution and out-of-home placement of children.

2. "All Faiths Parent Aide Program" is a child abuse prevention program in which volunteers are trained to work with abusive and potentially abusive parents on a one-to-one basis in their homes. The Parent Aide does not become involved with counseling the child unless specifically requested to do so by the parent.

Contact: All Faiths Parent Aide Program
P.O. Box 6748
Albuquerque, N.M. 87197

3. New Mexico offers a sexual abuse treatment program, based on the Parents United approach, in which the entire family is treated (i.e., parent-child groups, individual therapy and parent groups are employed). This program stems from pilot projects in Santa Fe and San Juan which were stimulated by a NCAAN research and development grant. The program is now State funded.

ADMINISTRATION

Contact: Jack Callaghan, Ph.D.
Chief, Program Services Bureau
P.O. Box 2348
Santa Fe, N.M. 87504
Telephone: (505)827-4256

Funds for child protection and child welfare services are administered by the State.

NEW YORK

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

64,819 unduplicated family reports, 84,119 duplicated family reports, 103,206 unduplicated child reports, and 139,032 duplicated child reports were counted by the State's computerized information system in 1985. Not all referrals are included in the totals.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
37.8	37.9	34.4	36	37

Reports represent families and are unduplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	43665	45623	48028	50332	47106
Sexually Maltreated	4067	4720	5165	8132	8345
Deprived of Necessities/Neglected	62163	63488	68557	68614	68287
Abuse/Neglect Related Fatalities	143	150	173	136	130
Total # Maltreated	184299	200722	223589	237766	243321

Computerized information system provided the counts. Figures reflect unduplicated counts of children in reports. A child may have more than one injury per report.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Stresses families are placed under, e.g. poverty, unaffordable housing, lack of affordable child care and other federally funded cutbacks, increase child abuse and neglect.
2. Increase in child abuse and neglect involving the homeless and families living in temporary shelters.
3. Increase in child sexual abuse reports.

Factors Contributing to Increases in Reports

1. Increases in incidence of child abuse and neglect due to economic conditions of families.
2. Reductions in cash assistance programs, and in-kind assistance, such as medical care, housing, etc.
3. Increased public awareness of child abuse and neglect.
4. Increases in teen-age parents.
5. Decreases in community-based services, such as day care, after school programs for children and youth.
6. Changes in administrative and/or policy standards and procedures.
7. Increases in single-parent families.
8. Increases in blended families.

POLICIES AND PROCEDURES

Policy Changes

1. In 1985, the Child Abuse and Prevention Act was established. This Act applies particularly to children (under the age of 18) who live in group residential facilities.

2. In 1984, State law 413 expanded situations in which a professional is mandated to report.

Referrals to and Action by Law Enforcement Officials

The State has a policy whereby certain cases are referred to law enforcement and the district attorney. The Department of Social Services is presently conducting a survey to find out the percent of substantiated cases which are referred to law enforcement.

Shifts in Staff, 1981-1985

Department of Social Services is now in the process of compiling the results of a comprehensive survey of local organization and staffing patterns and practices. The results will be utilized in formulating policy revisions regarding staff qualifications, training requirements, and organization.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Decrease in funding.
2. Increase in caseloads and staff turnovers.

Suggested Allocations of Existing or New Resources

1. Increase in funding for prevention programs (e.g. family and child trust fund, teen pregnancy services, child care for poor, etc.).
2. Increase allocation of resources.

STATE INITIATIVES

1. The Children and Family Trust Fund Act implements grants for the purpose of establishing or extending prevention and treatment services to victims of family violence. Funds are allocated in the following manner: 40% for local child abuse prevention programs, 40% for local domestic violence prevention or service programs, and 20% for regional or statewide family violence prevention programs.

2. The goal of the Child Protective Services and Law Enforcement Procedures Project is to enhance the level of coordination between county District Attorneys and local Child Protective Services in investigations of child abuse.

PREVENTION AND TREATMENT APPROACHES

1. The purpose of the Infant Health Assessment Program (IHAP) is to ensure that infants and young children, who are at high-risk for physical and developmental disabilities, receive the screening, diagnosis and treatment services needed to prevent or improve disabling conditions.

Contact: Peggy Michaelis
Infant Health Assessment Program
New York State Department of Health
Bureau of Child Health
Empire State Plaza
Corning Tower Building
Albany, New York 12237
Telephone: (518)473-8094

2. Effective Parenting Information for Children (EPIC) is a program designed to alleviate the problems of child abuse and neglect, teenage pregnancy, drug and alcohol abuse and juvenile crime. It supports parenting education in the schools for children (grades K-12) and coordinates workshops for their parents/guardians.

Contact: Sandra B. Rifkin, Executive Director
Effective Parenting Information for Children
State University College of Buffalo
Bacon Hall - 106A
1300 Elmwood Avenue
Buffalo, New York 14222
Telephone: (716)884-4064

3. Suspected Child Abuse and Neglect (SCAN - New York), is a non-profit agency which provides rehabilitative treatment and prevention services to abusing and neglecting parents, their children, and to families in high-risk situations.

Contact: Arlene Koeppel, Executive Director
SCAN - New York, Volunteer Parent-Aides Association, Inc.
1918 First Avenue
New York, New York 10029
Telephone: (212)860-2293

4. The Sexual Abuse Study and Treatment Team is a voluntary coalition of therapists started by the Alliance-Catholic Charities in Onondaga County. The Team services intrafamilial child sexual abuse cases only, and meets twice a month for care consultation, professional development and case assignment. The Teams will work with a given case for its life.

Contact: Diane Erne', Director
Alliance-Catholic Charities
1654 West Onondaga Street
Syracuse, New York 13204
Telephone: (315)424-1880

Funds for child protection and child welfare services are administered by counties, cities or towns.

NORTH CAROLINA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

18,456 duplicated family reports, and 27,625 duplicated child reports were counted by the State's computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
41.5	40.6	40.8	39	39

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	16%	17.2%	7.3%	1,572	1509
Sexually Maltreated	5.2%	5.3%	5.9%**	673	962
Deprived of Necessities/Neglected	77%	76.5%	66%**	7097	7293
Abuse/Neglect Related Fatalities	12	13	15	16	8
Total # Maltreated	11,421	10,961	11,103	10,372	10,554

Note: where % is given, actual numbers not readily available.

For 1981 - 1982 categories: Physically Injured, Sexually Maltreated, and Deprived of Necessities/Neglected, the American Humane Association Data on North Carolina Information provided the counts. All other counts are provided by the computerized information system.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

**Partial Year Information - 1st year of State Computerized Central Registry System

Observed Trends in Child Abuse and Neglect

1. Neglect makes up the largest type of maltreatment reported and substantiated.
2. Substantiated reports of sexual abuse increase each year.
3. Most frequently mentioned contributory factors are: lack of knowledge about child development, alcohol and other drug related problems, heavy child care responsibility and single parents.
4. Reports from professionals, especially school personnel, have increased.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in the definition of child abuse and neglect.

3. Changes in administrative and/or policy standards and procedures.*
4. Changes in reporting procedures.*

* Both of these factors relate to changes in reporting procedures, administrative /and or policy standards and procedures in other systems (e.g., public schools and day care licensing) that significantly impact on the increase in referrals to county departments of social services. The county agency assesses each referral to decide whether each case falls within its legal authority to investigate.

POLICIES AND PROCEDURES

Policy Changes

1. In November, 1985, an Administrative Rule was established requiring day care staff to report allegations of abuse or neglect to county departments of Social Services within set time limits.

2. The Administrative Rule also established that disabled infants with life threatening conditions be included in the definition of neglected child.

Referrals to and Action by Law Enforcement Officials

North Carolina law requires reports of child abuse and neglect be directed to the District Attorney. The county director of Social Services may request law enforcement to assist in investigations.

Shifts in Staff, 1981 - 1985

The 1985 General Assembly appropriated $1 million for additional child protective services workers. As a result, by using SSBG or local matching funds 80 FTE positions have been added to the local protective services work force since August, 1985.

Average number of years of education CPS Workers completed

Based on a survey conducted in 1984 all protective service workers had Bachelors' Degrees; 17% had some graduate work; 18% held Masters' Degrees. Most prevalent Bachelor's Degree was Sociology. 38% of Masters' Degrees were in social work.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Increased pressure on CPS system to be vehicle for intervention in non-familial situations and a focus on the criminal aspect of child abuse and neglect.
2. Need to reexamine role of protective services when maltreatment occurs in non-familial setting. Rationale for protective services intervention and the outcome objectives stated in federal and state law were written with familial frame of reference. Role of licensing agencies and law enforcement will also need to be examined.
3. Current legal definitions of neglect are too broad.
4. Need to redefine neglect in statutes so that reason for protective services' intervention is based on allegations of substantial risk of harm to children.

Suggested Allocations of Existing or New Resources

1. Additional staff positions in county departments of Social Services to conduct investigations.
2. Staff positions in county departments of Social Services to work with families at high risk of abusing or neglecting children.
3. Development of treatment resources for abusive parents and their children.

STATE INITIATIVES

1. The Children's Trust Fund was created in 1983 by the General Assembly. Its basic funding is through a collection of a $5 tax on marriage licenses. In its first year, four model programs were funded out of collection only. Now there are 15 programs across the State, at least one in each of the eight education districts in the State. These programs receive funding through competitive grant awards process. The Trust Fund is directed toward agencies dealing with prevention of child abuse and neglect.

Contact:	Nan Phillips North Carolina of Public Instruction
Telephone:	(919)733-4258

2. The core of The Adolescent Parenting Program is intensive family centered services aimed at eliminating barriers to family stability, and preventing, remedying, or assisting in the solution of problems which may result in neglect, abuse, etc. The target population is first time parents sixteen and younger.

Contact Person:	Helen Berry North Carolina Division of Social Services and County Departments of Social Services
Telephone:	(919)733-4458

ADMINISTRATION

Contact:	Mary Lee Anderson Program Manager Child Protective Services North Carolina Division of Social Services 325 North Salisbury Street Raleigh, North Carolina 27611
Telephone:	(919)733-2580

Funds for child protection and child welfare services are administered by counties.

NORTH DAKOTA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

3,083 family and 4,719 child duplicated reports were counted by individual jurisdictions within the State. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
49.9	49.5	54.1	60.1	58.7

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	466	613	590	757	867
Sexually Maltreated	140	171	190	307	351
Deprived of Necessities/Neglected	961	1089	1004	1186	1238
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	N/A	N/A
Abuse & Neglect	217	196	207	206	198
Total # Injuries	1567	1873	1784	2250	2456

Counts are by individual jurisdictions within the State.

Observed Trends in Child Abuse and Neglect

1. Increase in reports.
2. Increase in severity of cases.
3. Increase in child sexual abuse cases.
4. Increase in caseloads.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.

POLICIES AND PROCEDURES

Policy Changes

1. The State required the reporting of non-familial child sexual abuse beginning in July 1985.
2. The Children's Trust Fund was created in July 1985 to aid in the prevention of child abuse and neglect.
3. The State Child Protection Team was created in 1979 to deal with Institutional Abuse & Neglect.

Referrals to and Action by Law Enforcement Officials

The State does not have a policy regarding the referral to law enforcement officials of some or all substantiated cases of abuse and neglect.

Shifts in Staff, 1981-1985

No shifts in staff occurred during this period.

Average Number of Years of Education Completed by CPS Workers

All CPS workers have at least a four year degree, the State reports.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Major barriers are resource-related, not administrative- or policy-related.

Suggested Allocations of Existing or New Resources

1. Additional staff for investigations to implement caseload standards.
2. In home services, i.e. Parent Aide Services.
3. Additional staff for treatment services for sexually abused children and families.

STATE INITIATIVES

1. The Children's Trust Fund is a funding mechanism designed to support child abuse and neglect prevention programs and to prevent family breakdown in parent to child relationships.

2. Since September 1985, the Child Sexual Abuse Task Force has been conducting assessments throughout the State on child sexual abuse intervention programs and developing recommendations based upon those assessments. The Task Force has put together a report entitled, "Improving Child Sexual Abuse Services in North Dakota" based upon those assessments.

PREVENTION AND TREATMENT APPROACHES

1. The "Red Flag, Green Flag People" coloring book was developed by the Illusion Theatre and the Child Sexual Abuse Prevention Project in Hennepin County to teach children how to understand themselves and their bodies and the actions of other people.

Contact: Rape and Abuse Crisis Center
P.O. Box 1655
Fargo, North Dakota 58107
Telephone: (701)293-7273

2. Created in September 1985, the Children's Trust Fund is seen by the State as a catalyst for prevention development. The Trust Fund is a funding mechanism designed to support child abuse and neglect programs.

ADMINISTRATION

Contact:	Gladys Cairns Department of Human Services State Capitol Bismarck, North Dakota 58505
Telephone:	(701)224-4806

Funds for child protection and child welfare services are administered by the counties and are supervised by the State.

OHIO

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

65,965 duplicated child reports were manually counted. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
36.71	N/A	N/A	N/A	23.18

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Multiple Maltreatment	2,398	N/A	N/A	N/A	9,033
Physically Injured	1,628	N/A	N/A	N/A	1,157
Other Maltreatment	781	N/A	N/A	N/A	N/A
Sexually Maltreated	617	N/A	N/A	N/A	1,609
Emotional Maltreatment	434	N/A	N/A	N/A	N/A
Deprived of Necessities/Neglected	3,996	N/A	N/A	N/A	3,460
Abuse/Neglect Related Fatalities	36	N/A	N/A	N/A	N/A
Total # Maltreated	9,854	N/A	N/A	N/A	15,292**

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

**Figure represents total number of substantiated reports. Figures for 1985 are the result of a telephone survey conducted April 5-7, 1986, which only addressed substantiated reports.

The American Humane Association provided the counts.

Observed Trends in Child Abuse and Neglect

1. Increase in public knowledge of sexual abuse.
2. Increase in reporting of sexual abuse.
3. Increase in reporting of out-of-home child abuse and neglect.
4. Increase in public knowledge of out-of-home care child abuse and neglect.
5. Decrease in children removed from their homes.
6. Decrease in attention to neglected children (still comprises largest percentage of abused children).

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in the definition of child abuse and neglect.

3. Increases in incidence of child abuse and neglect due to economic conditions of families.
4. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
5. Decreases in community-based services, such as day care, after-school programs for children and youth.
6. Increases in teen-age parents.
7. Increases in single-parent families.
8. Increases in blended families.
9. Changes in reporting procedures.
10. Changes in the definition of child abuse and neglect.

POLICIES AND PROCEDURES

Policy Changes

1. On February 1, 1982, rules for the Ohio Administrative Code 5101:2-34 Child Abuse and Neglect were developed to provide guidelines and procedures for the administration of child protective services.

2. On August 15, 1985, there was a major revision of current rules from Ohio Administrative Code 5101:2-35 Child Abuse and Neglect, and the development of new rules to enhance the provision of child protective services.

Referrals to and Action by Law Enforcement Officials

The Ohio Regulatory code 2151.421 stipulates that "the county department of human services or children services board shall investigate, within twenty-four hours, each report referred to it under this section to determine the circumstances surrounding the injury or injuries, abuse, or neglect, the cause thereof, and the person or persons responsible. The investigation shall be made in cooperation with the law enforcement agency."

Shifts in Staff, 1981 - 1985

There have been no significant shifts in staff on the State level. There may have been shifts at individual PCSAs; however, since Ohio's is a State supervised/county administered system, this information is not currently available.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Federal mandate to investigate alleged withholding of medically indicated treatment to disabled infants should be rescinded. Issue should be returned to medical profession and parents.
2. Lack of sufficient state funding.

Suggested Allocations of Existing or New Resources

1. Increase salaries of Child Welfare Worker to keep experienced workers in child welfare
2. Services/treatment
3. Prevention
4. Research
5. Investigation
6. Special topics, such as sexual abuse, out-of-home care, video taping of victims for court testimony, etc.

STATE INITIATIVES

1. The "Protection of Children in Institutional Care" project began July 1, 1983 and was completed in September, 1984. The project's goals were: to determine the most effective system in prevention, identification, reporting, investigation, and correction of institutional abuse and neglect; develop a comprehensive plan based upon testing and evaluation of 5 model programs; and increase the general body of knowledge concerning the occurrence of and remedies for institutional child maltreatment.

Contact:	Jean A. Schafer, Chief Ohio Department of Human Services Bureau of Children's Protective Services
Telephone:	(614)466-2146

2. Policies, procedures, and manual materials were developed to assist in the implementation of on-going operation of OAC 5101:2-35 Child Abuse and Neglect. The initiative is directed toward the Public Children Services Agency of each county in Ohio.

Contact:	Jean A. Schafer, Chief Ohio Department of Human Services Bureau of Children's Protective Services
Telephone:	(614)466-2146

PREVENTION AND TREATMENT APPROACHES

1. The "STOP! Sexual Abuse Project" of Trumball County Children Services Board provides a comprehensive plan for a community-wide child sexual abuse program in the County. The project builds on existing knowledge of specific curricula and techniques for training children, parents, and professionals about sexual abuse prevention.

2. The Project PAAR-Plus-Victim Witness Division of Greene County (Prosecuting Attorney's Office) is comprised of various prevention and educational components. The project products and activities are as follows: development and presentation of Child Sexual Assault curricula to various types of professionals; production and filming of original sexual assault prevention audio-visual designed for adolescents; provision of on-going advocacy program which contacts child sexual abuse victims within one hour; provision of in-school and community education presentation on child sexual assault using a talking owl.

3. Concerned Citizens Against Violence Against Women, Inc. Turning Point, is a project which aims to effectively utilize the residential setting offered in domestic violence shelters as a therapeutic milieu for children.

4. Beginning October 1, 1982, "Protection of Children in Institutional Care" coordinated the services of ODHS, the Ohio Association of Child Caring Agencies, Inc., and the Ohio State University College of Social Work to field test five institutional abuse and neglect model programs for the purpose of adapting a successful program for state-wide implementation.

ADMINISTRATION

Contact: Patricia K. Barry, Director
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30 East Broad Street, 32nd Floor
Columbus, OH 43266-0423
Telephone: (614)466-6282

Contact: Jean A. Schafer, Chief
Bureau of Children's Protective Services
30 East Broad Street, 30th Floor
Columbus, OH 43266-0423
Telephone: (614)466-2146

Funds for child protection and child welfare services are funded by counties, cities, or towns.

OKLAHOMA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

20,275 unduplicated child reports were counted by the State's computerized information system. All referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
37.0	39.0	40.0	36.0	35.0

Reports represent children and duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured/ Sexually Maltreated	12.1%	12.6%	N/A	N/A	N/A
Deprived of Necessities/Neglected	24.0%	23.9%	N/A	N/A	N/A
Abuse/Neglect Related Fatalities	13	18	21	16	16
Total # Maltreated	12593	15272	N/A	N/A	N/A

Counts were provided by the State's computerized information system.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Increased workload.
2. Shrinking community resources due to economic plight of the State.
3. Increased sexual abuse.
4. Increased teenage pregnancies.
5. Declining number of infants for adoption.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Decreases in community-based services, such as day care, after-school programs for children and youth.
4. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
5. Changes in administrative and/or policy standards and procedures.

POLICIES AND PROCEDURES

Referrals to Law Enforcement Officials

Reports of the investigations and findings by Child Welfare Services workers are sent to the District Attorney (DA) for the county in which the incident is alleged to have occurred. Whenever a child is found to be in need of protection in a county other than the county where the incident is alleged to have occurred, a report is sent to the DA in the county where the child is found as well as to the DA in the county where the incident purportedly occurred.

Average Number of Years of Education Completed by CPS Workers

Child Protective Services workers completed an average of 16.42 years of education in 1984. Information for other years is not available.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Due to the State's financial constraints and the voluminous increase in child abuse/neglect reports, the workload for Child Welfare Services has increased 100% with insufficient staff to accommodate this overload. More funds and staff are needed for the "front-end of the system" to prevent the breakup of families and to prevent children from penetrating the system. Concurrently, more resources need to be allocated to reunification efforts, such as teamwork training for staff and foster parents with biological parents.

Suggested Allocations of Existing or New Resources

1. Sufficient FTE's to accommodate the workload.
2. Strengthen preventive service efforts through resources and training for staff in the delivery of a family-based model.
3. Increase reunification efforts to reduce length of out-of-home placements, thereby reducing a costly foster care program.
4. Train staff assigned to investigation in crisis-intervention to lower the number of family disruptions.

STATE INITIATIVES

1. As of October 1981, the State trains child welfare staff and other individuals to handle sexual abuse cases ("District Sexual Abuse Specialists"). This initiative is supported with $24,745 in federal funds.

2. In FY 1985, the State began a project to conduct risk assessment/management from intake to case closure. This initiative received $156,342 in federal funds. In FY 1986, the State will use its NCCAN grant to make modifications based upon the recommendations of the FY 1985 project.

PREVENTION AND TREATMENT APPROACHES

--Child Welfare Services is in the process of reviewing various preventive service models from other states and will be recommending one for adoption as policy/procedure in the near future.

--Child Welfare Services primarily serves as a "broker" of services to families and children. Child Welfare staff provide counseling, and referral/information, and procure treatment services from community resources.

ADMINISTRATION

Contact: Thomas S. Kemper
Oklahoma State Commission on Children and Youth
4111 North Lincoln Suite #11
Oklahoma City, Oklahoma 73105
Telephone: (405)521-4016

Contact: Ann Beam
Department of Human Services
Sequoyah Memorial Office Building
P.O. Box 25352
Oklahoma City, Oklahoma 73125
Telephone: (405)521-2283

Funds for child protection and child welfare services are administered by the State.

OREGON

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

8,133 family and 10,542 child substantiated, unduplicated reports were counted by the State's computerized information system. 9,646 family and 12,765 child substantiated, duplicated reports were also counted by the State's computerized information system.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
75.3	88.6	89.4	60.5	66.7

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	2275	2409	2873	3177	3060
Other	2461	2472	2463	N/A	N/A
Sexually Maltreated	1697	2286	2956	3947	4364
Mental Injury	N/A	N/A	N/A	793	860
Deprived of Necessities/Neglected	5162	5127	5722	6103	4476
Abuse/Neglect Related Fatalities	0	5	4	3	5
Total # Injuries	11595	12299	14018	14023	12765

Computerized information system provided counts. "Other" was an abuse category used prior to April 1984 from a sample of cases, the January through March 1984 "other" reports were converted to the current abuse categories. The 1981 through 1983 not converted. "Other" reports were.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Implementation of sexual abuse treatment programs (1982).
3. Increases in incidence of child abuse and neglect due to economic conditions of families.
4. Reductions in cash assistance programs, and in-kind assistance, such as medical care, housing, etc.
5. Decreases in community-based services, such as day care, after-school programs for children and youth.
6. Increases in single-parent families.
7. Increases in blended families.
8. Increases in teen-age parents.
9. Changes in the definition of child abuse and neglect.
10. Changes in reporting procedures.
11. Changes in administrative and/or policy standards and procedures.

POLICIES AND PROCEDURES

Policy Changes

The State reports no "official" policy changes; however, fewer neglect cases are opened and cases receive services for a progressively shorter period of time each year.

Referrals to and Action by Law Enforcement Officials

Oregon Regulatory Statute 418.755 requires that all reports be referred by Children's Services Division to law enforcement and vice versa.

Shifts in Staff 1981 - 1985

The State reported a decrease in CPS staff from 155 FTE to 137 FTE. There was also a decrease in program support staff. Total investigations increased 56% from 1981-1984. A decrease in preventive/voluntary services and an increase in court-related activities and community coordination commensurate with the increase in sexual abuse caseload was also reported.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Lack of consistent, coordinated intervention.
2. Inadequate treatment and prevention services for victims and their families.
3. No process to address issues before they become a crisis.
4. An outdated child protection policy is leading to cutbacks in CPS, law enforcement, District Attorneys, mental health professionals, public health nurses, and school counselors despite a huge increase in the incidence of child abuse and neglect over the past five years.
5. Lack of a comprehensive State plan to address all aspects (e.g., legal, investigation, prosecution, treatment, training/public awareness, and prevention) of the problems posed by child abuse and neglect.
6. Lack of adequate and stable funding mechanisms to improve services to families.

STATE INITIATIVES

1. The Family Sexual Abuse Treatment Program, which began in 1981, is directed toward victims and families where sexual abuse has occurred. The program is ongoing.

2. In 1985, a study of Child Protective Services intake and the initial decisions made regarding the provisions of services was conducted to develop a better understanding of the key elements of the CPS Program. Characteristics of children and their families were examined and related to the provision of services. Limited comparisons were also made between branch offices and regions on some of the key variables.

Contact: Diana Roberts or Bud Pinkerton
Children's Services Division
198 Commercial Street SE
Salem, OR 97310
Telephone: (503)378-4722

PREVENTION AND TREATMENT APPROACHES

1. Oregon has a program that deals with 125 children and their parents. Sixty-eight of the children are between zero and two years of age and 57 are between two and three. The program provides extensive health, vision, and dental screenings. Appropriate parental behaviors are modeled in the classroom. Parents practice what they learn in the classroom and also have the opportunity for individual practice during the staff's two home visits per month.

Contact: Maureen Moreland
Parent/Child Services
909 NE 52nd
Portland, OR 97213
Telephone: (503)284-6267

2. Treatment approaches include:

a. Family reunification - which works with parents of 20 youth who are in foster care. This is a 2 year program. The first year is spent being confrontive and dealing with pathology. The second year includes mainstreaming parents into a regular parent training program.

b. Program for mentally retarded or delayed adults with children. Its focus is on preventing neglect. Health and safety issues are also covered.

c. Play therapy is provided for children whose parents are either in the family reunification group or MR/DD groups.

d. Program provides assessment of children and referral to appropriate agency/service.

e. Agency networks with other community services such as WIC, Health Nurses, etc. It seeks to serve the financially disadvantaged and an attempt is made to balance groups with various levels of functioning in order for those who are more advanced in some areas to be role models for those who are more needy.

ADMINISTRATION

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Children's Services Division
198 Commercial Street, SE
Salem, OR 97310
Telephone: (503)378-4722

Funds for child protection and child welfare services are administered by the State.

PENNSYLVANIA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

20,980 duplicated child reports were counted by the State's computerized system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
34.2	32.9	35.4	37.0	36.8

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	4008	4535	4697	5510	4880
Sexually Maltreated	1547	1994	2624	4285	5481
Deprived of Necessities/Neglected	619	718	439	564	516
Abuse/Neglect Related Fatalities	46	52	35	42	35
Mental Injuries	133	133	103	109	116
Total # Injuries	6307	7380	7868	10468	10993

Computerized information system provided counts. There were more injuries than reports because a child could have been injured more than once in a report.

Observed Trends in Child Abuse and Neglect

1. Number of sexual abuse reports has increased dramatically.
2. Severity of physical abuse has increased.
3. Need for community involvement especially [re] sexual abuse has increased.
4. Prevention programs have increased but still insufficient to meet the needs.
5. Public awareness of the problem has increased.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increase in abuse.

POLICIES AND PROCEDURES

Referrals to and Action by Law Enforcement Officials

State has policy regarding referral of certain types of child abuse and neglect cases to both law enforcement and the district attorney. Of the total number of reports, 25.4% were referred to law enforcement officials in 1983, 31% in 1984 and 34.3% in 1985.

Shifts in Staff, 1981-1985

Because of the increase in the number of sexual abuse reports and the severity of physical abuse, there has been an increase in the amount of time necessary to investigate reports. Agencies have reassigned staff to investigate reports of suspected child abuse. Exact figures concerning the shift are not known.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Insufficient numbers of staff at all levels.
2. Need for staff training.
3. Help-vs-Prosecution - Balancing the scale.
4. An overly prescriptive law (Child Abuse Prevention and Treatment Act) at the federal level.

Suggested Allocations of Existing or New Resources

1. Training for better investigations.
2. Higher salaries for CPS staff - would reduce turnover/burnout.
3. Community support, recognition and advocacy for the needs of abused children.
4. Sufficient treatment programs to meet the need.
5. Improved response to the mental health needs of abused children and their families.

STATE INITIATIVES

1. Parents Anonymous of Pennsylvania, Inc., based in Harrisburg, PA, has received State support of $78,888 to operate an office "to provide consultation and technical assistance to counties in establishing and strengthening Parents Anonymous chapters." Description notes that hundreds of Pennsylvania families have been reached because of cooperative strategies developed by government and the private sector.

Contact: Mr. William Wewer
Parents Anonymous
2141 North Second Street
Harrisburg, PA 17110
Telephone: (717)238-0937

2. In April 1986, the State began a project of training and technical assistance to develop and strengthen programs for sexually abused children. The project, under the auspices of the Office of Children, Youth and Families, involves 15 county children and youth agencies and is supported with $150,000 in federal funding.

Contact: Mr. Joseph Spear
Office of Children, Youth and Families
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105
Telephone: (717)787-3984

PREVENTION AND TREATMENT APPROACHES

1. The STOP! SEXUAL CHILD ABUSE PROGRAM in Westmoreland County is a community-based, multidisciplinary sexual abuse prevention program.

The program, co-sponsored by the Monsour Medical Center and the Pennsylvania State Police, is designed to prevent child sexual abuse by educating both children and parents.

Contact: Dona Dei
Monsour Medical Center,
70 Lincoln Way East
Jeannette, PA 15644
Telephone: (412)527-1511

2. The Children's Play Room in Dauphin County is a parent education program that is designed to reduce and prevent child abuse by providing constructive intervention. It is based on the premise that families are at risk for child abuse when parents do not have the coping skills, knowledge of normal child behavior and the community support needed to be effective parents. Families are encouraged to attend the Children's Play Room once a week for 2-1/2 hours. Parents spend part of the day playing with, teaching and caring for their children, and another part of the day in parent discussion groups, while the children participate in a nursery/child development program.

Contact: Gail Siegel
Children's Play Room, Inc.
1301 Sycamore Street,
Harrisburg, PA 17104
Telephone: (717)233-4193

3. The Lehigh Valley Child Guidance Clinic established a program for the treatment of child sexual abuse about two years ago that works with family members individually and as a group to help reunify families and terminate dysfunctional behavior. The core treatment team consists of a psychiatrist, two psychologists and two clinical social workers. The team conducts an initial clinical assessment and evaluation of the family and makes recommendations for services. The team then provides individual counseling to the victim, the perpetrator, and other family members, depending on the situation.

Contact: Kevin Dolan
County and Youth Services Division
Third Floor, Government Center
Seventh and Washington Streets
Easton, PA 18042
Telephone: (215)258-5321

4. The Family Horizons Parent-Child Learning Center is a parenting education project funded by Berks County Children and Youth Services and operated by The Children's Home of Reading. The project is designed to provide parents of pre-school aged children in the county an opportunity to learn and practice positive parenting skills in a growth promoting environment. Families with abuse and neglect problems in Berks County are often referred to Family Horizons as part of the family's treatment plan.

Contact: Marcia Goodman
Berks County Children and Youth Services
Court House
Reading, PA 19601
Telephone: (215)372-8961

ADMINISTRATION

Contact:	Joseph L. Spear Gary Yoh Department of Public Welfare P.O. Box 2675 Harrisburg, PA 17105
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Funds for child protection and child welfare services are administered both by the State (1%) and locally (99%).

RHODE ISLAND

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

6,468 duplicated family reports were counted by the State's computerized information system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
N/A	N/A	N/A	N/A	45.6

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	N/A	N/A	N/A	N/A	3232
Sexually Maltreated	N/A	N/A	N/A	N/A	1009
Deprived of Necessities/Neglected	N/A	N/A	N/A	N/A	6010
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	N/A	5
Total # Maltreated Children	N/A	N/A	N/A	N/A	10457

Computerized information system provided counts.

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

Observed Trends in Child Abuse and Neglect

1. Increase in reports of child abuse and neglect over past 10 years.
2. Sexual abuse has seen the most "population growth" in the State.
3. Impact of deinstitutionalized parents, teenage pregnancy, and the runaway-throwaway teenager merit closer attention for planning purposes.

Factors Contributing to Increases in Reports

1. Changes in administrative and/or policy standards and procedures.
2. Increased public awareness of child abuse and neglect.
3. Changes in reporting procedures.

POLICIES AND PROCEDURES

Policy Changes

On July 8, 1984, the State implemented the Child Abuse Neglect Tracking System (CANTS), a hotline which is modeled after a program used by the State of Illinois.

Referrals to and Action by Law Enforcement Officials

The State notifies law enforcement in special cases. There is no data available on the number of indicated reports which have led to criminal convictions.

Shifts in Staff, 1981-1985

In 1984, 36 new positions were added to Child Protective Services to create the CANTS system. In addition, 20 other positions were converted to CANTS positions. In 1985, 66 new positions were added to Child Protective Services (44 were for social caseworkers, supervisors). Twenty-three positions were added to CANTS to augment investigations.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

The Department for Children and Their Families is in a process of self-analysis in an effort to determine the optimum mix of child protective and child welfare services - in terms of both effectiveness and efficiency. This process will lead to an identification of administrative and policy barriers to implementation.

Suggested Allocations of Existing or New Resources

The Department for Children and Their Families is reconsidering the advocacy of an emphasis on "child protectionism" often involving the breaking of family relationships. Current family-focused strategies under consideration include: prevention, limited intervention, and family building.

STATE INITIATIVES

1. The CANTS Program is a child abuse hotline funded by the State which began in July, 1984. Its purpose is to investigate child abuse statewide.

Contact:
Kenneth M. Fandetti
Dept. for Children and Their
Families, Division of Child
Protective Services
610 Mt. Pleasant Avenue
Providence, R.I. 02908

2. The Sexual Abuse Assessment Unit provides immediate and specialized casework services to children and families where sexual abuse has occurred. The program began in September, 1985 and is both federally and State funded.

Contact:
Kenneth M. Fandetti
Dept. for Children and Their
Families, Division of Child
Protective Services
610 Mt. Pleasant Avenue
Providence, R.I. 02908

PREVENTION AND TREATMENT APPROACHES

1. Comprehensive Emergency Services (CES) is a crisis response mechanism offered by the State. Community representatives provide an array of in-home services to children during crisis situations with the goal of preventing out-of-home placement.

2. The Puppet Workshop performs "When to Say No" shows to elementary schools throughout the State. At each performance a social worker is available to assist school personnel with questions and discussions. The Workshop, which works in cooperation with the Department of Education, is also presented to parents prior to the children's show.

3. The Parent-Child Reunification Project, in Kent County, is a program which assists the Department for Children and Their Families in reunifying foster children with their biological parents. The program exemplifies the County Mental Health Center's commitment to deinstitutionalization and providing the support necessary to maintain the children in their original environment.

ADMINISTRATION

Contact: Olga Antoniou
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610 Mt. Pleasant Avenue
Providence, R.I. 02908
Telephone: (401)457-4709

Funds for child protection and child welfare services are administered by the State.

SOUTH CAROLINA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

16,673 duplicated family reports were estimated by the State in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
36	33	31	32	30

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	N/A	N/A	N/A	N/A	3638
Sexually Maltreated	N/A	N/A	1236	1538	1930
Deprived of Necessities/Neglected	N/A	N/A	N/A	N/A	13666
Abuse/Neglect Related Fatalities	N/A	N/A	10	6	21
Total # Injuries	26385	23545	24098	23958	25877

These counts are registered manually and are estimates.

Observed Trends in Child Abuse and Neglect

Increase in number of child abuse and neglect reports on yearly basis, with significant increase in both reporting and substantiation rates for child sexual abuse.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in teen-age parents.
3. Increases in incidence of child abuse and neglect due to economic conditions of families.
4. Increases in blended families.
5. Increases in single-parent families.
6. Decreases in community-based services, such as day care, after-school programs for children and youth.
7. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
8. Changes in administrative and/or policy standards and procedures.
9. Changes in reporting procedures.
10. Changes in the definition of child abuse and neglect.

POLICIES AND PROCEDURES

Policy Changes

1. Definitions of various types of child maltreatment were expanded to include acts by "parent, stepparent, guardian or other person in control of or responsible for the child."

2. Definition of "caretaker" is now defined as "the person authorized by parent, guardian, or custodian to have control of child."
3. Policy clarified to provide that the DDS shall not investigate allegations of abuse or neglect perpetrated by public school employees of children under their care. They are referred to law enforcement for investigation.
4. Policy providing criteria for screening suspected reports of child abuse and neglect was instituted in July 1985.

Referrals to and Action by Law Enforcement Officials

CPS workers are required by law to cooperate with law enforcement where criminal violation is in question. CPS workers must also notify appropriate law enforcement agency for police investigation, when facts of child abuse and neglect appear to indicate violation of law. Of the total number of reports, 20% were referred to law enforcement. The percent which led to criminal proceedings is unknown.

Shifts in Staff

The South Carolina General Appropriation Act for FY 1985-86 provided 71 new personnel positions for use as CPS workers in county office. This allocation represents an approximate 8% increase in Human Services workers statewide.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Department of Social Services is not providing sufficient guidance and training for staff
2. High caseloads and low pay
3. The existing policy does not provide for development of interagency agreements to insure that necessary case coordination occurs
4. Inadequate promotional practices for supervisors

Suggested Allocations of Existing or New Recources

1. Increase staff positions where county's share of total work is highest. This is determined by Staffing Standards Analysis for child welfare services.
2. The Department is conducting pilot study of paraprofessionals in child welfare services and use of half-time temporary employees to conduct CPS investigations.

STATE INITIATIVES

1. The Children's Coordinated Cabinet was established on February 2, 1981 to create a forum to enhance interagency efforts to improve quality and accountability of services and programs for specific target groups of children. The focus of the Cabinet's activities, as designated by Executive Order, is to be directed on children in poverty, in need of foster care and adoption, in need of protective services, with disabilities and children who enter the juvenile justice system. This initiative is directed toward all agencies and organizations involved in the State's Child Protective Services System.

2. The purposes of the American Humane Association CPS Program Evaluation, which began in June 1984, were to assess current strengths and weaknesses in the child protective services program in numerous areas and to suggest changes to improve the program and ultimately better assist clients.

PREVENTION AND TREATMENT APPROACHES

1. The Parent Education and Support Group operated in conjunction with a Play Therapy cycle is a 10-week cycle offered 2 hours per week in the evenings. Emphasis is placed on increasing parent self-esteem and developing healthy parenting skills while supporting emotional gains for their children. Parent Aides will make home visits to reinforce learned skills and provide support to families during treatment and after completion of the cycle.

2. The Therapeutic Play Program for preschool children (ages 2 1/2 to 5 years) presently operates in 4 South Carolina counties. After documenting an incident of physical abuse by a parent or adult caretaker, the program provides a safe play environment to encourage and enhance therapeutic self expression and to develop healthy self concepts and more appropriate behavioral skills among the children. The Group is conducted jointly by a qualified therapist or clinical psychologist, who is assisted by a clinical assistant.

ADMINISTRATION

Contact: Shirley Fitz-Ritson
Department of Social Services
P.O. Box 1520
Columbia, South Carolina 29202-1520
Telephone: (803)734-5670

Contact: Wilbert Lewis
Department of Child Protective and Preventive Services
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Columbia, South Carolina 29202-1520
Telephone: (803)734-5670

Funds for child protection and child welfare services are administered by the State.

SOUTH DAKOTA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

6,736 duplicated family reports and 8,913 child reports were counted by the State's computerized information system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
78*	72*	52	46	44

Reports represent children and are duplicated.

* It is felt that there were procedural reporting issues that caused such a high substantiation rate.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Physically Injured	N/A	895	584	652	856
Sexually Maltreated	N/A	355	317	487	674
Deprived of Necessities/Neglected**	N/A	4253	2095	1908	3033
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	N/A	N/A
Total # Maltreated	3531	3584	2996	3047	4563

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

**Includes emotional maltreatment

Note: In 1981 there was no breakdown by type
In 1982 the numbers included a duplicated count involving more than one type of maltreatment per child

Observed Trends in Child Abuse and Neglect

1. Greater surfacing of sexual abuse cases.
2. Greater emphasis on recognizing emotional maltreatment.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Change in statute relating to sexual abuse.
3. Changes in administrative and/or policy standards and procedures.
4. Increases in single-parent families.
5. Increases in blended families.
6. Increases in teen-age parents.
7. Changes in reporting procedures.
8. Increases in incidence of child abuse and neglect due to economic conditions of families.
9. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.

10. Decreases in community-based services, such as day care, after-school programs for children and youth.
11. Changes in the definition of child abuse and neglect.

POLICIES AND PROCEDURES

Policy Changes

As part of the State's reporting law, professionals were included as being required to report child abuse and neglect.

Referrals to and Action by Law Enforcement Officials

State law requires that when a report of abuse or neglect is received by one of the three mandated agencies: Social Services, local law enforcement, or State's Attorney, that agency must then notify the other two of the report.

Shifts in Staff, 1981-1985

No shifts in staff are reported by the State during this period.

Average Number of Years of Education Completed by CPS Workers

The State reports that CPS workers have completed an average of 16 years of education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Increased financing for salary increases, promotions, and job enrichment.
2. Gaps between law enforcement, courts, States Attorney and child protection.

Suggested Allocations of Existing or New Resources

1. Add more resources for in-home services, i.e., more staff, more staff time
2. Add more resources for service provision, i.e, specialized mental health services
3. Better specialized resources for hard to place children
4. More staff for community networking, education, and awareness

STATE INITIATIVES

1. A press conference on family violence is given by the Department of Social Services, Attorney General's Office and Law Enforcement to make the public and professionals more aware of child abuse and domestic violence.

2. In 1982, the Department of Social Services initiated the hiring of a Sexual Abuse Consultant who would receive notice of all sexual abuse cases and provide consultation in specific cases regarding evaluation and substantiation of cases.

Contact:	Merlin Weyer
Telephone:	(605)773-3227

PREVENTION AND TREATMENT APPROACHES

1. Child Protection Teams operate in various communities around the State and on an ongoing basis provide education to schools and the community on awareness, recognition, and prevention of abuse and neglect.

2. The Intensive Placement Prevention Program assigns select staff to specific cases (based on certain criteria), for the purpose of providing more time to the cases and more intense services under specific guidelines to attempt to avoid placement of children in foster care or to reunite families in high risk cases.

ADMINISTRATION

Contact: Timothy R. Koehn
700 N. Illinois Street
Kneip Building
Pierre, South Dakota 57501
Telephone: (605)773-3227

Funds for child protection and child welfare services are administered by the State.

TEXAS

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

66,911 family reports and 108,561 child reports were counted by the State's computerized information system in 1985. Not all referrals are included in the totals.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
60.8	61.8	60.4	57.4	55.6

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type *

	1981	1982	1983	1984	1985
Emotional Abuse	6894	7939	9347	10803	10502
Physically Injured	14615	15572	16338	17015	17013
Sexually Maltreated	4101	4989	6115	8732	9454
Deprived of Necessities/Neglected	43724	45781	46540	43405	40638
Abuse/Neglect Related Fatalities	118	119	120	N/A	N/A
Total # Maltreated**	53473	56808	59871	60580	59863

*As submitted by States, totals across child maltreatment categories do not necessarily match the total number of reports of child abuse and neglect.

**Counts may be duplicated because children may have more than one type of abuse.

Observed Trends in Child Abuse and Neglect

1. Reports and severity of child abuse/neglect continue to increase.
2. Child protective services are becoming more legalized and criminalized.
3. Increased community questioning of and support for the Department's definition of abuse and neglect.
4. Decrease in mental health/retardation services.

Factors Contributing to Increases in Reports

1. Decreases in community-based services, such as day care, after-school programs for children and youth.
2. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
3. Increased public awareness of child abuse and neglect, specifically sexual abuse.
4. Mandatory reporting of child abuse and neglect to law enforcement and the passage of videotaping laws.
5. Increases in incidence of child abuse and neglect due to economic conditions of families.
6. Increases in teen-age parents.

POLICIES AND PROCEDURES

Policy Changes

In October 1981, investigations of children at risk, teenage parents, truant and runaways, were curtailed due to staffing levels.

Referrals to and Action by Law Enforcement Officials

A State statute was passed in 1981 which requires reporting of all suspected child abuse/neglect to law enforcement.

Shifts in Staff, 1981-1985

No shifts in staff were reported by the State during this period.

Average Years of Education Completed by CPS Workers, 1981-1985

A Bachelor's degree from an accredited college or university is required for all CPS Workers.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Coordination of services between State agencies where more than one agency has responsibility for delivery of services

Suggested Allocations of Existing or New Resources

1. Preventive protective services.
2. Investigation of and services to children at risk of abuse/neglect.
3. Increase in reimbursement rates for foster care providers.
4. Services to sexually abused children.
5. Increase in independent living programs.

STATE INITIATIVES

1. The Governor's Conference on Prevention, held once a year, examines community efforts to promote positive parenting and other prevention programs.

Contact: Susan Watkins
Department of Human Services
701 W. 51st, P.O. Box 2960
MC 538-W, Austin, TX 78769
Telephone: (512)450-3306

2. Established in 1985 by the Legislature, the Children's Trust Fund provides funding for community-based prevention projects. The Program obtains its funding from marriage license fees.

Contact: Susan Watkins
Department of Human Services
701 W. 51st, P.O. Box 2960
MC 538-W, Austin TX 78769
Telephone: (512)450-3306

PREVENTION AND TREATMENT APPROACHES

1. WHO (We Help Ourselves) is an educational program designed to help children and teenagers learn how to avoid various types of victimization and ensuing mental health problems. The Program offers free classroom presentations with follow-up materials to preschool through 12th grade.

Contact: Mental Health Association of Dallas County
2500 Maple Avenue
Dallas, TX 75201
Telephone: (214)748-7825

2. The Family Outreach Program is designed to inform the public about child abuse/neglect and community responsibility, and to prevent abuse/neglect by developing a one-to-one relationship with parents in potentially explosive situations. The Program also assists parents in finding and using community resources.

Contact: Family Outreach of America, Inc.
3101 35th Street
Lubbock, TX 79413
Telephone: (806)792-9908

ADMINISTRATION

Contact: Marlin Johnston
Commissioner
Department of Human Services
P.O. Box 2960
Austin, TX 78769
Telephone: (512)450-3365

Funds for child protection and child welfare services are administered by the State.

TENNESSEE

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

47,050 unduplicated child reports were counted by the State's computerized information system. Not all referrals are included in the total.

Percent of Reports Substantiated

The percent is inaccurate because once a case is put into computer, it does not necessarily get out even if it is unsubstantiated. The State's rate runs approximately 80-90%.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	6517	6731	6893	7699	9071
Sexually Maltreated	N/A	N/A	3023	5387	8092
Deprived of Necessities/Neglected	N/A	N/A	20901	20565	22172
Abuse/Neglect Related Fatalities	N/A	N/A	N/A	N/A	N/A
Total # Injuries	6517	6731	37067	41063	47050

Computerized information system provided counts.

Observed Trends in Child Abuse and Neglect

Increase in sexual abuse referrals due to new legislation and public awareness.

Factors Contributing to Increase in Reports

1. Increase in public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
4. Decreases in community-based services, such as day care, after-school programs for children and youth.
5. Increases in blended families.
6. Changes in administrative and/or policy standards and procedures.
7. Increases in single-parent families.
8. Increases in teen-age parents.
9. Changes in the definition of child abuse and neglect.
10. Changes in reporting procedures.

POLICIES AND PROCEDURES

Policy Changes

1. The Appendix to CPS policy regarding child sexual abuse investigations was written in August, 1985.

2. The Appendix to CPS policy regarding investigation of child sexual abuse in day care centers was written.
3. The "Lean Cuisine" design of child protective service delivery implemented risk assessment, investigative assessment, family assessment, plan of action, and evaluation of program.

Referrals to and Action by Law Enforcement Officials

Complaints may be received by the district attorney, the Juvenile Court judge, law enforcement, or Department of Human Services counselor. The investigation begins when those who receive the complaint meet to discuss strategy for conducting the investigative interviews. Investigations must begin within 24 hours of receipt of a referral.

Average Number of Years of Education Completed for CPS Workers

CPS Workers have completed an average of 16.5 years of education. The majority of the State's social counselors have B.A. degrees.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Insufficient staff.
2. Insufficient funding.
3. Insufficient resources.
4. Multiplicity of agencies involved and multiplicity of legal jurisdictions.

Suggested Allocations of Existing or New Resources

1. More treatment resources -- this is a weak area in Tennessee.
2. Additional emergency short-term placements for children and families.
3. Availability of "post plea" treatment for perpetrators of physical and sexual abuse.

STATE INITIATIVES

1. Due to the State's new child sexual abuse law, the Department of Human Services was mandated to develop and implement training for child abuse reporters and organizations, i.e. day care centers, residential treatment centers, etc. One teacher in every elementary school in the State has now been trained as a result of this initiative.

2. Since 1984, the Department of Human Services (DHS) has increased the number of therapeutic foster home slots by 50. DHS provides training and services for foster parents and training for mental health counselors, social workers, etc.

Contact:	Darlene Lawson Department of Human Services
Telephone:	(615)741-3251

PREVENTION AND TREATMENT APPROACHES

1. The Memphis City Schools Mental Health Center provides prevention education and individual counseling to all school age children in the area of child abuse and neglect, and drug and alcohol abuse. The Center has a psychologist on contract to DHS to provide consultation and clinical supervision to the DHS specialized sex abuse treatment unit.

The program utilizes educational curricula, films, videos, groups, etc. It also provides prevention education to parent groups, such as the PTA.

Contact: Dr. Jim Paavola
Telephone: (901)454-5200

ADMINISTRATION

Contact: Mrs. Stephanie R. Craven
Project Specialist
Child Protective Services
Tennessee Department of Human Services
Citizens' Plaza, 14th Floor
400 Deaderick Street
Nashville, Tennessee 37217
Telephone: (615)741-5927

Funds for child protection and child welfare services are administered by the State.

UTAH

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

10,450 duplicated investigations of family reports were counted by the State's computerized information system in 1985. All referrals, including those screened out prior to investigation, are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
33.7	29.1	31.7	35.5	32.8

Reports represent families and are duplicated.

	1981	1982	1983	1984	1985
Physically Injured	N/A	681	994	964	1082
Sexually Maltreated	N/A	264	611	941	1065
Deprived of Necessities/Neglected	N/A	2216	3189	3404	3422
Abuse/Neglect Related Fatalities	N/A	5	4	5	8
Total # Injuries	N/A	3161	4794	5309	5569

These counts are "victim" counts = children substantiated as having been abused or neglected (from 10,450 investigations).

Computerized information system provided the counts.

Observed Trends in Child Abuse and Neglect

1. Increase in number of reports with several giant leaps in reporting (1979, 1983).
2. Nature of referrals has continued to increase in seriousness (proportion of referrals in physical/sexual abuse categories has accounted for greater percentage of all reports received each year since 1978).

Factors Contributing to Increase in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Increases in single-parent families.
4. Increases in teen-age parents.

POLICIES AND PROCEDURES

Policy Changes

The State reports no policy changes affecting number or type of maltreatment cases reported, investigated, or provided with services.

Referrals to and Action by Law Enforcement Officials

Utah's policy requires notification of local law enforcement at time of receipt of referral alleging serious injury to a child. Joint investigation conducted between CPS staff and law enforcement on cases involving serious injury.

Shifts in Staff, 1981 - 1985

Significant increases in number of staff occurred during this period. On 7/1/85, special projects were funded which in turn refocused the State's philosophy of treatment models. No shifts in staff occurred between human service programs or divisions.

Average Number of Years of Education Completed by CPS Workers

In 1985, CPS workers had completed 17.7 years of schooling. 91% had a degree in the Behavioral Sciences and 71% had a Masters in Social Work or a related area. Data is not available for 1981 - 1984.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Lack of or limited resources.
2. Referrals have shown a steady increase, unable to increase personnel accordingly.
3. Sexual abuse cases have shown a dramatic increase.
4. Need for more money to solve problems; children who are victimized by perpetrator who is not member of household are not receiving services.

Suggested Allocations of Existing or New Resources

1. Increase investigators - staff are becoming overwhelmed with referrals.
2. Increase in-home services - need to keep children in own home where possible.
3. Increase prevention services.
4. Out-of-home care for teenage perpetrators of sexual abuse.

STATE INITIATIVES

1. The Weber County Coordination Council is a local group of private and public agencies and individuals originally formed to address prevention of child sexual abuse. The Council has helped to create four local programs dealing with primary and secondary prevention and treatment. The Council began in July of 1985 as a result of an executive order. It receives $14,004 in State funding.

2. The County Coordinating Council Development Contract is a State supported effort to assist local communities assemble local child abuse prevention councils, educate community leaders about prevention, assess local needs, help establish and support programs, etc. The Council, which began in July of 1985, receives $7,000 in funding from the State.

PREVENTION AND TREATMENT

1. The "You're in Charge" Program, under contract from the State Child Welfare for Provision of Prevention and Education Programs, is directed

toward kindergarten to sixth grade children. Its primary lessons are the rights of children to control their own bodies, and who they should go to if they feel uncomfortable. Trained volunteers conduct classroom presentations, including a video presentation.

2. The University of Utah Actors conduct a program for kindergarten age children which teaches appropriate touch, how inappropriate situations should be handled and actions they can take. After the performance, the actors are available to speak with students on an individual basis.

3. The "Family Preservation Project", sponsored by the Department of Family Services, works with families at risk of imminent foster care placement. Its primary objective is to improve family relations to prevent separation by foster care placement of children.

4. The "Primary Children's Medical Center Sexual Abuse Treatment" provides families in which sexual abuse has occurred with rehabilitative treatment.

ADMINISTRATION

Contact Person: William S. Ward
Assistant Director
Division of Family Services
150 West North Temple, 4th Floor
Salt Lake City, UT 84103
Telephone: (801)533-5094

Funds for child protection and child welfare services are administered by the State.

VERMONT

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

2,336 unduplicated family reports and 2,572 duplicated family reports were counted by the State's computerized information system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
45	52	50	50	52

Reports represent families and are duplicated.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	217	191	408	393	473
Sexually Maltreated	115	151	247	436	607
Deprived of Necessities/Neglected	374	343	480	483	491
Abuse/Neglect Related Fatalities	0	0	0	0	0
Total # Injuries	797	776	1219	1445	1632

Total # Injuries for 1981-82 are manually counted. The computerized information system provided counts for 1983-85. These figures are substantiated only.

Observed Trends in Child Abuse and Neglect

1. Physical and sexual abuse have increased while neglect and emotional abuse have remained relatively constant.
2. Today sexual abuse is most frequent and is closely followed by physical abuse.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in reporting procedures.
3. Changes in administrative and/or policy standards and procedures.
4. Increases in incidence of child abuse and neglect due to economic conditions of families.
5. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
6. Changes in the definition of child abuse and neglect.
7. Increases in single-parent families.
8. Increases in teen-age parents.
9. Decreases in community-based services, such as day care, after-school programs for children and youth.
10. Increases in blended families.

POLICIES AND PROCEDURES

Policy Changes

In July, 1982, the State expanded the definition of mandated reporters to include teachers, day care staff and mental health specialists.

Referrals to and Action by Law Enforcement Officials

All substantiated cases of sexual abuse are referred to law enforcement officials (state attorneys). Information on non-sexual abuse referrals to law enforcement will be available for 1986 data. The State does not have information on the percent of referrals leading to criminal prosecution.

Shifts in Staff, 1981-1985

No shifts in staff were reported by the State for these years.

Average Number of Years of Education Completed by CPS Workers

The State reports that CPS workers have completed an average of 17 years of education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

Resources are inadequate to fund adequate casework staff and treatment and placement resources.

Suggested Allocations of Existing or New Resources

Stable, on-going funding for prevention services and early intervention

STATE INITIATIVES

1. The "0-6 initiative" was designed to look at ways to better coordinate services for children in the 0-6 age group who are victims of child abuse and neglect and their parents.

Contact:	Bill Young, Social and Rehabilitative Services
Telephone:	(802)241-2101
	Steve Kagan, Education
Telephone:	(802)828-3135
	Rod Copeland, Mental Health
Telephone:	(802)241-2604
	Roberta Coffin, Health
Telephone:	(802)862-5701

2. The Child Sexual Abuse Treatment Program was designed in 1984 to train both mental health providers who provide treatment, and to develop a team approach to treatment of victim and offender. The program presently exists in 10 of the 12 regions of the State.

PREVENTION AND TREATMENT APPROACHES

1. The Parent Child Centers (or Family Resource Centers) offer a variety of services to high-risk children aged 0-5 and their families including day care, parent education, home visiting and early essential education services.

Information available:

Addison County Parent Child Center
11 Seminary Street
Middlebury, VT 05753

2. Parent Education is offered through a number of different organizations. Two models mainly in use are the Nurturing Parents Program, sponsored through Parents Anonymous in Vermont, and Developing Capable People, sponsored through the State office of Alcohol and Drug Abuse Prevention. Demand for parent education far exceeds available program space.

Information available:

Vermont Office of Alcohol and Drug
Abuse Programs
103 South Main Street
Waterbury, VT 05670
and
Parents Anonymous, Inc.
104 Main Street
Montpelier, VT 05602

3. The Family Advocacy Project in Middlebury, VT was designed to treat the most dysfunctional families in this county. Most of the cases were open CPS cases. The Project combines family therapy with home visiting, concrete support, and network building. Out of approximately 25 families served so far, only one child has come into substitute care, and many families have made progress in pulling their lives together.

Information available:

Naomi Tannen
Addison County Counseling Service
Middlebury, VT 05753

4. Child Sexual Abuse Treatment teams have been developed in most districts throughout the State. Progress of cases depends upon clinical skills available in the community. The State Department of Mental Health and Social and Rehabilitative Services is providing training to increase the skill level of clinicians.

Information available:

Commissioner William M. Young
Social and Rehabilitative Services
103 South Main Street
Waterbury, VT 05676

ADMINISTRATION

Contact Person:

Allen R. Ploof
Deputy Commissioner
103 South Main Street
Waterbury, VT 05676

Telephone: (802)241-2100

Funds for child protection and child welfare services are administered by the State.

VIRGINIA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

49,765 duplicated child reports were counted by the State's computerized information system for FY 1984-85. All referrals including those screened out prior to investigation are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
39	31.9	28.8	28.2	24.6

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	2548	2508	2347	2475	2566
Sexually Maltreated	885	979	1151	1481	2012
Deprived of Necessities/Neglected	8734	8226	7726	7662	7188
Abuse/Neglect Related Fatalities	38	10	19	16	14
Other Abuse/Neglect	6578	5711	4557	4728	4065
Total # Injuries	13166	12736	11810	12072	12213

Computerized Information System provided the counts.

Observed Trends in Child Abuse and Neglect

1. Number of reports of child abuse and neglect have increased.
2. Increase in type of reports receiving additional public and professional attention.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in single-parent families (or 2 working parents) increases lack of supervision complaints and Latch Key children.
3. Increased demand for community-based services, such as day care, after-school programs for children and youth.
4. Increases in teen-age parents.
5. Changes in administrative and/or policy standards and procedures.
6. Increases in incidence of child abuse and neglect.
7. Need for formal process for screening CPS complaints.

POLICIES AND PROCEDURES

Policy Changes

No policies have been instituted which have affected the number or type of cases reported, investigated or provided with services.

Referrals to and Action by Law Enforcement Officials

Certain cases of suspected abuse or neglect must be reported to the local Commonwealth's Attorney. These cases involve: death, injury involving a felony, sexual abuse or suspected sexual abuse. 51% of the Reason to Suspect and Founded Cases indicated some type of legal action taken. This includes referral to the Commonwealth's Attorney, 72 hour emergency removal, criminal action taken, custody hearing, protective order sought, etc. 11% of the referrals were for criminal action; no statistics are available regarding conviction rates.

Shifts in Staff, 1981 - 1985

In 1975, the State Child Abuse Hotline was established on a 24-hour basis. During 1976, the Hotline handled approximately 16,000 calls. In comparison, the Hotline received 39,793 calls during 1984-85; however, Hotline staff have remained the same. No shifts occurred during this time between human service programs or divisions.

Average Number of Years of Education Completed by CPS Worker

Data was not available for the State to provide this information.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Administrative mechanism used to determine number of local agency social workers is outdated, i.e. based upon study completed prior to CPS being a recognized service.
2. Insufficient funding.
3. Insufficient staff for legal representation.

Suggested Allocations of Existing or New Resources

1. Add prevention efforts on all levels.
2. Need for better out-of-home placement resources.
3. Enhance treatment and investigation services.

STATE INITIATIVES

1. The Preplacement Preventive Services Grant Program is designed to maintain family integrity and avoid placement of children. The Program also seeks to reduce taxpayer expenditures for substitute care of children.

2. The Virginia Family Violence Prevention Program is a grant program designed to encourage the development of programs to prevent child and spouse abuse. The initiative offers such services as shelters for victims of spouse abuse and their children; counseling services for victims and perpetrators of domestic violence; self-help groups; information and referral; parenting education; and public education and awareness. The program receives its funding through a marriage license tax.

PREVENTION AND TREATMENT APPROACHES

1. "Hugs and Kisses" is a child sexual abuse prevention play which, since 1983, has been performed 275 times throughout Virginia reaching

over 130,000 children. The play is designed for children in grades K-6. It teaches the difference between "good and bad" touches, and other important concepts, such as the right to say no and that abuse is never the child's fault.

Contact: Theatre IV
6 N. Robinson Street
Richmond, VA 23220

2. "Children Virginia's Greatest Resource" is a prevention booklet which includes: what to expect of children at certain ages, how to deal with stress, how to discuss certain issues with children, a statewide resource directory and other "survival" tips for parents. Funding for this booklet is provided by the Virginia Board of Realtors through its "Make America Better Committee." The Realtors sponsored walk-a-thons around the State to raise the funds, while at the same time raising awareness that child abuse/neglect exists.

3. Parents Anonymous, a self-help group, has chapters throughout Virginia which are available to any parents who have abused their children or are at risk of doing so. Participants make themselves available to one another during a weekly support group as well as by phone 24 hours a day for crisis situations.

4. The Family Crisis Center is a program designed to help families involved in the physical, emotional, sexual abuse or neglect of children. Counseling by Masters level staff is available on an in-home Oasis and can be individual, marriage or family-oriented. Counseling may be offered for up to 6 months. Volunteers are also trained to assist families for a period of up to 1 year. They may spend 3-5 hours a week providing support to the parents in the household.

Contact: Family Crisis Center
Family and Children's Services
1518 Willow Lawn Drive
Richmond, VA 23230

ADMINISTRATION

Contact: William L. Lukhard
Commissioner
Virginia Department of Social Services
8007 Discovery Drive
Richmond, VA 23229-8699
Telephone: (804)281-9236

Contact: Rita L. Katzman
Virginia Department of Social Services
8007 Discovery Drive
Richmond, VA 23229-8699
Telephone: (804)281-9081

Funds for child protection and child welfare services are administered 5% by the State, 20% locally and 75% federally.

WASHINGTON

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

28,804 duplicated family reports and 40,100 child reports were counted by the State's computerized information system in 1985. Not all referrals were included in the total.

Percent of Reports Substantiated

Information not available.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	N/A	N/A	N/A	13850	11733
Sexually Maltreated	N/A	N/A	N/A	9491	9691
Deprived of Necessities/Neglected	N/A	N/A	N/A	16767	16414
Other*	N/A	N/A	N/A	2291	2362
Total # Injuries	N/A	N/A	N/A	42352	40100

Computerized information system provided the counts.

* Other includes - Exploitation, Mental Injury, Emotional Abuse/Neglect.

"Not Available" data in 1981, 1982, 1983 was due to changes in reporting system which resulted in lost data.

Observed Trends in Child Abuse and Neglect

1. Grown from acknowledging to recognizing the problem.
2. Now accumulating good information to recognize some of the causal and contributory factors.
3. State addresses tough issues, such as nature and scope of parental rights and responsibilities versus those of the child and of the State.
4. Working to develop less intrusive strategies for intervention.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.
3. Increases in single-parent families.
4. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
5. Increases in blended families.
6. Decreases in community-based services, such as day care, after-school programs for children and youth.
7. Increases in teen-age parents.
8. Changes in administrative and/or policy standards and procedures.
9. Changes in the definition of child abuse and neglect.
10. Changes in reporting procedures.

POLICIES AND PROCEDURES

Policy Changes

No changes in policy that affect reporting have occurred.

Referrals to and Action by Law Enforcement Officials

All reports of child abuse and neglect are referred to the proper law enforcement agency. Upon receipt of a report of child abuse or neglect law enforcement investigates and provides protective services to those children where necessary.

Shifts in Staff, 1981 - 1985

The State reports no shifts in staff during this period.

Average Number of Years of Education Completed by CPS Workers

The State requires that CPS workers have at least a B.A. A 1983/84 study reveals that approximately 40% of CPS staff have graduate degrees.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. The Department of CPS is reactive. Little concensus possible on sufficiency of danger which must be necessary for intervention.
2. Judicial process frequently not conducive to productive change.
3. Raising children, their growth and development, needs to become a priority.
4. Adequate support services needed to aid those who are identified as needing support.

Suggested Allocations of Existing or New Resources

1. Resources shifted to provide better one-on-one in-home support.
2. Prevention of trauma to child by reducing risk of further abuse while maintaining child in his/her home.
3. Secondary education would begin a family life/child-rearing education process to prepare young adults for responsibilities.

STATE INITIATIVES

1. The Committee for the Prevention of Child Abuse was incorporated as an agency of the State in June, 1984. The Committee serves as an advocate, working with 12 organized groups which do preventive services.

Contact: Kip Tokuda, Director
The Washington Council for the
Prevention of Child Abuse and Neglect
Telephone: (206)464-6151

2. A new division of Children and Family Services was created by the State's advocacy groups to coordinate and consolidate services to children. The new Division will benefit children all over the State. Agencies involved in the implementation include DSHS departments of Health, Mental Health, Developmental Disabilities, Alcohol and Substance Abuse.

PREVENTION AND TREATMENT APPROACHES

1. The "Program for Early Parent Support" (PEPS) is designed to educate new parents around developmental and parenting issues and to provide a support network within which parents can feel safe to openly discuss sensitive issues. Services provided by PEPS are: neighborhood support groups, new parent resource posters, newsletters and a warm line.

Contact: Mary Ellen O'Keefe
Telephone: (206)784-5308

2. The Deaconess Children's Services Project is designed to improve parent/infant bonding, parenting skills, self-esteem, and parent/child communication through the use of parent/infant groups, role modeling and parent aides. The groups meet weekly for 2 hours over a 15 week period.

ADMINISTRATION

Contact: Jerome Wasson
Acting Director
Department of Social & Health Services
Division of Children & Family Services, OB-41
Olympia, WA 98504
Telephone: (206)753-7002

Contact: Richard L. Winters
Program Manager
Department of Social & Health Services
Division of Children & Family Services, OB-41
Olympia, WA 98504

Funds for child protection and child welfare services are administered by the State.

WEST VIRGINIA

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

18,000 unduplicated family reports were estimated by the State in 1985. The Department receives reports about families in which at least one child may have been abused. All referrals including those screened out prior to investigation are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
40	40	40	40	40

Reports represent families and are unduplicated. The percentages are substantiated and vary among geographic locations.

Child Protective Reports by Maltreatment Type

State does not keep detailed statistics on the nature of maltreatment. They do periodically conduct informal surveys. One such survey revealed that sexual abuse now represents approximately 10-15% of all referrals.

Observed Trends in Child abuse and Neglect

1. Major increases in reporting.
2. A virtual explosion in reports of alleged sexual abuse.
3. Increasing reports of serious physical injury.
4. Increase in reports of institutional abuse.
5. Major increase in number of reports of children seriously disturbed-suicidal, psychotic, drug and alcohol abusing.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Increases in incidence of child abuse and neglect due to economic conditions of families.

3a. Changes in reporting procedures.
3b. Changes in definition of child abuse and neglect.

5. Increases in single-parent families.
6. Increases in teen-age parents.
7. Changes in administrative and/or policy standards and procedures.
8. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
9. Decreases in community-based services, such as day care, after school programs for children and youth.

POLICIES AND PROCEDURES

Policy Changes

1. In September 1984, a greater involvement in the investigation of alleged abuse/neglect in schools began. The State reports that its policy has not changed so much as has the number of reports from previously "quiet" sources (e.g. institutional abuse, day care, schools, child care facilities, etc.).

Referrals to and Action by Law Enforcement Officials

The State has a policy whereby reports of child abuse and neglect are reported to the local state department child protective service agency and followed by a written report within 48-hours by the receiving agency. Reports should also be forwarded by the department to the appropriate law enforcement agency, the prosecuting attorney or the coroner or medical examiner. The State reports that the majority of cases, in general, are ending up in criminal court.

Shifts in Staff, 1981-1985

Between 1976 and the present, the Department of Human Services' staff has been reduced by approximately 30%. The State office child welfare service was also reduced. The State reports that shifts in assignments at the field level were made to assure that Child Protective Services was staffed.

Average Number of Years of Education completed by CPS Workers

All CPS staff must have a college degree. In addition, some have Masters degrees in Social Work, Guidance and Counseling.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

1. Lack of funds for training staff and treatment services.
2. Need to make prevention a national commitment by supplying adequate food, clothing, shelters, medical care and treatment services

Suggested Allocations of Existing or New Resources

1. Training of staff: child abuse and neglect is so complex an issue that staff need training on basic curriculum, sexual abuse, adolescent problems, etc.
2. Coordination of existing service network.
3. Systems design for CPS - need thorough and responsive CPS system for all phases of work (intake, assessment, diagnosis, etc.)

STATE INITIATIVES

1. The "Diagnosis and Referral of Developmentally Disabled, Abused, and Neglected Children" is a result of a cooperative effort between the West Virginia Department of Human Services and the West Virginia University Affiliated Center for Developmental Disabilities. This project received a three-year grant from the National Center on Child Abuse and Neglect. The major purpose of the project was to develop a screening methodology for the State's CPS workers to use to detect developmental disabilities in abused or neglected children, and as a tracking and referral approach to assure appropriate and timely service delivery.

2. "Improving Local Educational Responses to Child Abuse and Neglect" was initiated to develop and enhance roles and functions of local educational agencies in identifying, treating and preventing child abuse and neglect. Project staff developed and conducted an in-service training program for school systems participating in the project, which focused on recognizing child abuse and neglect in the classroom, federal and state laws concerning child abuse and neglect, procedures for reporting suspected cases, and other related issues. The staff

also made recommendations for improved school policies and for increasing LEA's role in community-based prevention and treatment activities.

PREVENTION AND TREATMENT APPROACHES

1. The "Tyler County Child Abuse Prevention Program, Inc." strives to teach children how to protect themselves through self awareness; deal with the prevention of child sexual abuse; and continue to increase public awareness of child abuse and neglect through media, local schools and civic organizations. The program is a non-profit corporation that has been chartered to provide a formal organization aimed at child abuse prevention and to further informal programs already initiated in the county.

2. The "West Virginia Committee for Prevention of Child Abuse Southern Chapter, Inc." has developed a program, "Better Safe Than Sorry", and a public awareness campaign, "Before You Leave Your Child Alone", to educate families and provide a more secure environment for children who are left alone in self-care. The projects are completely operated by volunteers (Public Service Announcements for radio, television, billboards, flyers for school systems, PTA's, and the Federation of Women's Clubs).

ADMINISTRATION

Contact: Michael O'Farrell
Department of Human Services
Division of Social Services
1900 Washington Street East
Charleston, WV 25305
Telephone: (304)348-7980

Funds for child protection and child welfare services are administered by the State.

WISCONSIN

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

24,411 duplicated child reports were counted by the State's computerized information system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

1981	1982	1983	1984	1985
18.01	19.88	24.60	33.31	30.32

Reports represent children and are duplicated.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	2931	3135	2981	5150	6678
Sexually Maltreated	1218	1470	2197	5063	6609
Deprived of Necessities/Neglected	3889	4044	3893	8436	9948
Abuse/Neglect Related Fatalities	8	9	16	17	9
Abused & Neglected	470	409	527	N/A	N/A
Total # Injuries	8508	9067	9614	17728*	24411**

Computerized information system provided all counts except "Abused & Neglected" for 1983, which is estimated.

* Some reports included in the total alleged more than one type of maltreatment

** Total includes other forms of child maltreatment

Observed Trends in Child Abuse and Neglect

1. Increase in reports of all types of child abuse and neglect.
2. Dramatic rise in numbers of child sexual abuse reports in last half of the past decade.
3. Recent increase in incidence of child abuse perpetrated by juveniles, especially child sexual abuse.

Factors Contributing to Increases in Reports

1. Increased public awareness of child abuse and neglect.
2. Changes in the definition of child abuse and neglect through statute.
3. Changes in administrative and/or policy standards and procedures.

POLICIES AND PROCEDURES

Policy Changes

In March 1984, new reportable conditions were added to the reporting statute: emotional damage, threatened exploitation, and child prostitution.

Referrals to and Action by Law Enforcement Officials

CPS in Wisconsin is administered by counties. State law requires the county child welfare agencies to "adopt a written policy specifying the kinds of reports it will routinely report to local law enforcement authorities." Therefore, policies vary from county to county. Of the total number of reports, 4.8% were referred to the criminal court in 1981, 5.8% in 1982, 10.1% in 1983 and 7.2% in 1984.

Shifts in Staff, 1981 - 1985

Since Wisconsin is a county-administered system, there has been no centralized tracking of personnel shifts. However, in 1984 and 1985 following changes in the reporting law, counties reported on-going difficulty in initiating and completing investigations of child abuse and neglect in the time frame and manner prescribed by statute. Many counties operated with a backlog and some prioritized reports, i.e. teenaged victims receiving services last. Categorical Allocation for Services to Children (CASC) was initiated in 1985 to meet some of the unmet service needs.

Average Years of Education Completed by CPS Workers

This information is not available, since the majority of counties have a county-administered personnel system. The State reports that it is probable that the majority of child protective service workers have Bachelors' degrees.

STATE INITIATIVES

1. The Children's Trust Fund, which began in October, 1983, is directed toward community-based public and private social service agencies, including schools, hospitals, and domestic abuse shelters. Its primary is focus is on prevention of child abuse and neglect. The Fund receives most of its funding from the State and some from private organizations.

Contact: Elaine Olson
Executive Director
110 East Main Street, Room 520
Madison, WI 53703
Telephone: (608)266-6871

2. The Categorical Allocation for Services to Children focuses primarily on investigation and treatment of child abuse and neglect in county child welfare agencies. The program receives $5.9 million from January 1986, when it began, through July 1987.

Contact: Michael C. Becker
Director
Office for Children, Youth and Families
P.O. Box 7851
Madison, WI 53707
Telephone: (608)266-6946

PREVENTION AND TREATMENT APPROACHES

1. The Parental Stress Center, Inc. is a comprehensive program whose objectives include: preventing child abuse and neglect, intervening

effectively where child abuse has occurred/is occurring, and diminishing the impact of stress on parents/children where stress is a continuing condition. Costs for this program are kept down through the use of trained volunteers.

2. Protective behaviors, or anti-victim, training for children has been been initiated in a number of areas of the State, primarily in schools. The State Department of Health and Social Services has funded a pamphlet, "Safe, Adventurous and Loving," which details a 4-step anti-victim training process for grown-ups to teach children. The Wisconsin legislature enacted a requirement this past spring for all grade schools to teach protective behaviors.

3. The "Rainbow Project" is primarily a treatment/early intervention program for young children and their families. Its major purpose is to help break the often generational cycle of family violence, reduce behavioral relapses, promote permanency planning for young children, and improve parent-child relationships. Pre/post assessments completed by staff on children and families after eight months in the program indicate marked improvements in the child's social and emotional behavior and development (90.5% improvement for at least 52 children).

Contact: Sharyl J. Kato-Nilson
Director
The Rainbow Project
409 East Main Street
Madison, WI 53703
Telephone: (608)255-7355

ADMINISTRATION

Contact: Michael Becker
Director
Office for Children, Youth and Families
Division of Community Services
P.O. Box 7851
Madison, WI 53707
Telephone: (608)266-6946

Contact: Mary Dibble
Office for Children, Youth and Families
Division of Community Services
P.O. Box 7851
Madison, WI 53707

Funds for child protection and child welfare services are administered by the counties.

WYOMING

INCIDENCE OF CHILD ABUSE AND NEGLECT

Total Child Abuse and Neglect Reports Received - 1985

1916 unduplicated family reports and 2319 child reports were counted by the State's computerized system in 1985. Not all referrals are included in the total.

Percent of Reports Substantiated

	1981	1982	1983	1984	1985
	34	45	44	45	64
Families	2020	1635	2054	2346	1525
Children	2338	2527	3227	3503	2319

It is not indicated by the State whether reports are duplicated or unduplicated.

Child Protective Reports by Maltreatment Type

	1981	1982	1983	1984	1985
Physically Injured	619	709	862	1050	653
Sexually Maltreated	201	253	348	495	461
Deprived of Necessities/Neglected	2438	2542	3148	3233	2084
Abuse/Neglect Related Fatalities	2	0	6	0	3
Total # Injuries	2338*	2527*	3227*	3502*	2319*

Computerized information system provided counts.

* Children had more than one type of abuse/neglect

Observed Trends in Child Abuse and Neglect

1. Increase in dysfunctional families.
2. Increase in reports of more seriously disturbed children.

Factors Contributing to Increases in Reports

1. Increases in incidence of child abuse and neglect due to economic conditions of families.
2. Reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.
3. Increases in single-parent families.
4. Increases in blended families.
5. Increased public awareness of child abuse and neglect.
6. Changes in the definition of child abuse and neglect.
7. Changes in administrative and/or policy standards and procedures.
8. Decreases in community-based services, such as day care, after school programs for children and youth.
9. Changes in reporting procedures.
10. Increases in teen-age parents.
11. Wyoming has seen a decrease in population, from 550,000 to 430,000.

POLICIES AND PROCEDURES

Policy Changes

The new rules and regulations implemented by the State have not had any effect on the number or type of maltreatment cases reported.

Referrals to and Action by Law Enforcement Officials

The State has specific guidelines regarding reporting and investigation of suspected child abuse/neglect cases. The percent of substantiated cases which are referred to law enforcement or which have led to criminal prosecution and/or conviction is not known.

Shifts in Staff, 1981 - 1985

No shifts in staff were reported by the State during this period.

Average Number of Years of Education Completed by CPS Workers

The State reports that CPS Workers have completed an average of 16 years of education.

Administrative/Policy Barriers to Child Protective and Child Welfare Services

The State reports that they receive excellent administrative support and have no administrative or policy barriers.

Suggested Allocations of Existing or New Resources

Need for in-state treatment for disturbed children, especially those involved in sexual abuse, both victims and perpetrators.

STATE INITIATIVES

1. The State has initiated a two-week training of all child protective social workers by the American Humane Society, leading to certified field and State staff. The State office will also be trained to carry on this initiative to any new staff hired.

PREVENTION AND TREATMENT

1. A chapter of the National Committee for the Prevention of Child Abuse was formed in April 1986 to promote public awareness of child abuse/neglect across the State.

2. The State offers counseling, homemaker assistance, and other treatment services.

ADMINISTRATION

Contact:	John Steinberg Department of Public Assistance and Social Services Hathaway Building Cheyenne, Wyoming 82002
Telephone:	(307)777-7150

Funds for child protection and child welfare services are administered by the State.

APPENDIX I

STATE SURVEY ON
CHILD PROTECTION AND
CHILD WELFARE SERVICES

APPENDIX I

NINETY-NINTH CONGRESS

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STAFF DIRECTOR AND COUNSEL
ANN ROSEWATER
DEPUTY STAFF DIRECTOR

TELEPHONE: 226-7660

U.S. House of Representatives
SELECT COMMITTEE ON
CHILDREN, YOUTH, AND FAMILIES
385 HOUSE OFFICE BUILDING ANNEX 2
WASHINGTON, DC 20515

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MARK SOUDER
MINORITY STAFF DIRECTOR

TELEPHONE: 226-7692

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES
U.S. HOUSE OF REPRESENTATIVES

STATE SURVEY ON CHILD PROTECTION AND CHILD WELFARE SERVICES

1) Please provide the following identifying information:

STATE ______________________________________

DEPARTMENT(S) COMPLETING THIS SURVEY:

Dept.______________________________________

Contact person; address and telephone number:

____

____

____

____

Dept.______________________________________

Contact person; address and telephone number:

____

____

____

____

2) How are funds for child protection and child welfare services administered?

_____ by the state

_____ by counties, cities, or towns

_____ by both state and local administration: Please specify:

a) _____ % state administered

b) _____ % locally administered

3) In Appendix A, the total number of child protective reports your state received in calendar years 1981-1984 is provided as reported by The American Association for Protecting Children (AAPC). Please complete the chart and questions below concerning total child protective reports your state received in calendar year 1985. If your state only counts unduplicated or duplicated* reports, but not both, please provide these and the source code under the appropriate columns. Figures should refer to total reporting, not only substantiated reports. If you have only substantiated reports to provide, please provide them and indicate so in question 3a.

	Unduplicated Reports 1985		Duplicated Reports 1985	
	Number	Source	Number	Source
Family Reports				
Child Reports				

*Duplicated reports are families or children counted more than once in the course of a year.

Source Code

a -- an estimate
b -- computerized information system
c -- manual count
d -- counts by individual jurisdictions within the state
e -- other

3a) Do these totals represent...

______ All referrals including those screened out prior to investigation

______ Not all referrals -- some referrals that are screened out or excluded

______ Only substantiated reports

3b) For the calendar years 1981-1985, please indicate the percent of reports which were substantiated. Please also check whether reports represent families or children, and are duplicated or unduplicated. (See definition of duplication in question #3 above.) Please submit a copy of your state's method of substantiating child abuse and neglect reports.

	% Reports Substantiated	Families	Children	Unduplicated	Duplicated
1981 . . .					
1982 . . .					
1983 . . .					
1984 . . .					
1985 . . .					

4) Please fill out the chart below indicating child protective reports by maltreatment type for the calendar years 1981 through 1985, and the source of the count. (See the code below for an explanation of source.)

	1981		1982		1983		1984		1985	
	Number	Source	Number	Source	Number	Source	Number	Source	Number	Source
Physically injured										
Sexually maltreated										
Deprived of necessities/ neglected										
Abuse- or neglect-related fatalities										
TOTAL number of maltreated children										

Source Code
a -- an estimate
b -- computerized information system
c -- manual count
d -- counts by individual jurisdictions within the state
c -- other

5) If your state has experienced increases in reports of child abuse and neglect since 1981, please indicate what factors you think have significantly contributed to the increase. Please indicate priority by assigning a number "1" to the most important factor, a number "2" to the next most important, etc. If the factors apply differently to different types of abuse, please indicate. Use the space provided below for additional explanation.

_____ changes in reporting procedures

_____ increased public awareness of child abuse and neglect

_____ changes in the definition of child abuse and neglect

_____ changes in administrative and/or policy standards and procedures

_____ increases in incidence of child abuse and neglect due to economic conditions of families

_____ reductions in cash assistance programs, and in-kind assistance such as medical care, housing, etc.

_____ decreases in community-based services, such as day care, after school programs for children and youth

_____ increases in single-parent families

_____ increases in blended families

_____ increases in teen-age parents

_____ other (please describe) ______________________________

____

____

6) Has your state instituted any policy changes since 1981 (e.g., limiting investigations only to certain types of abuse or to children of certain ages, institution of effective prevention measures) which have affected the number or type of maltreatment cases reported, investigated, or provided with services? Please provide the Select Committee with a copy of your state's child abuse and neglect reporting law, and definitions of child abuse and neglect, and foster care.

Policy Change Description	Month/Year Instituted	On-going	Month/Year Terminated

7) Do you have a policy regarding the referral to law enforcement officials of some or all substantiated cases of abuse and neglect? If yes, please submit or describe.

8) Do you know: a) the percent of substantiated cases of abuse and neglect in your state which are referred to law enforcement officials; and b) the percent of those referrals which have led to criminal prosecution and/or conviction? If so, please describe.

9) Please complete the chart below indicating total expenditures your state has made for child protective and child welfare services by source of funding for fiscal years 1976 and 1981-1985* and the number of children served. Please provide actual dollar amounts where possible and estimates where necessary.

	FY 1976		FY 1981		FY 1982		FY 1983		FY 1984		FY 1985	
	Amount	No. of Children Served	Amount	No. of Children Served	Amount	No. of Children Served	Amount	No. of Children Served	Amount	No. of Children Served	Amount	No. of Children Served
FEDERAL FUNDS												
Title XX												
Title IVB.												
Title IVE.												
Child Abuse Prevention and Treatment Act .												
Other (Please specify)________________. __________________________												
STATE FUNDS												
General.												
Children's Trust Funds												
Other (please specify)________________. __________________________												
OTHER FUNDS (Please indicate any other major sources of funds such as counties, cities, or towns, or private foundations) ______________________												
______________________												
TOTAL FUNDING												

*Please indicate what period your fiscal year covers. Fiscal Year __________ to __________
(Month) (Month)

10) Please fill out the chart below indicating what amount, by source, your state spent, either directly or through contracting for services, on child protective and child welfare services for fiscal years 1981 through 1985. If actual amounts are not available, please estimate. If your state does not organize its services in this way, please extrapolate where necessary. If you need additional space to specify other sources of funding, please attach a separate sheet.

	FEDERAL FUNDS						STATE FUNDS						OTHER MAJOR SOURCES OF FUNDS					
		1981	1982	1983	1984	1985		1981	1982	1983	1984	1985		1981	1982	1983	1984	1985
Intake/ Investigation/ Assessment/ Planning	Title XX						General						(Please specify)					
	Title IVB						Children's Trust Funds											
	Title IVE						Other (Specify)											
	CAPTA*																	
	Other (Specify)																	
Substitute Care: family foster care group foster care residential treatment centers (maintenance payments only)	Title XX						General						(Please specify)					
	Title IVB						Children's Trust Funds											
	Title IVE						Other (Specify)											
	CAPTA*																	
	Other (Specify)																	
Adoption Services: home finding, independent living	Title XX						General						(Please specify)					
	Title IVB						Children's Trust Funds											
	Title IVE						Other (Specify)											
	CAPTA*																	
	Other (Specify)																	

*Child Abuse Prevention and Treatment Act

10) - continued-

	FEDERAL FUNDS						STATE FUNDS						OTHER MAJOR SOURCES OF FUNDS					
		1981	1982	1983	1984	1985		1981	1982	1983	1984	1985		1981	1982	1983	1984	1985
Casework/treatment services (direct and contracted)	Title XX						General						(Please specify)					
	Title IVB						Children's Trust Funds											
	Title IVE						Other (Specify)											
	CAPTA*																	
	Other (Specify)																	
Day Care Services	Title XX						General						(Please specify)					
	Title IVB						Children's Trust Funds											
	Title IVE						Other (Specify)											
	CAPTA*																	
	Other (Specify)																	
Staff Training and Education	Title XX						General						(Please specify)					
	Title IVB						Children's Trust Funds											
	Title IVE						Other (Specify)											
	CAPTA*																	
	Other (Specify)																	
	TOTALS						TOTALS						TOTALS					

* Child Abuse Prevention and Treatment Act

11) For the services listed below, please indicate whether, for the fiscal years 1981-1985, total expenditures have generally increased, decreased, or remained about the same. We have tried to provide a complete list of services. Your state may not provide every service listed or define them in the manner described below. Please extrapolate where necessary. Please indicate in the "comment" column, why any significant shifts occurred. If this summary information masks significant shifts occurring within a specific year or other time period, please describe these shifts in the column provided. If you need additional space for comments, please attach a separate sheet.

	Expenditures FY 1981-1985			Comments		Other Significant Shifts			Comments	
	+*	0*	-*	Specific Services	General Trends	+	-	Time Period Mo./Yr.-Mo./Yr.	Specific Services	General Trends
Homemaker (for children). . . .										
Parent aide										
Respite care.										
Crisis nursery. . . .										
Parent education or skills training. . .										
Recreation--day camp, etc. . . .										
Public awareness efforts.										
Other (please describe) ______________. .										
______________. .										

* + = increased
0 = same
- = decreased

12) If applicable, please select two new initiatives your state has implemented since 1981, to coordinate, research, plan for, or otherwise provide for services designed to prevent or treat child abuse and neglect. Please mark question #12 on any materials or products you submit in response to this question.

Initiative Name and Description	Agencies Involved in the Implementation (Please include contact person and telephone no.)	Type of Organization or Program at which Initiative is Directed (e.g., schools, hospitals, law enforcement agencies, etc.)	Status of Initiative	Date Begun	Mandate for Initiative			Amount and Source of funding		
					executive order	legislative	other	federal	state	private
Initiative #1										
Initiative #2										

	Initiative #1	Initiative #2
Evaluation Completed?	____ Yes	____ Yes
	____ No	____ No
Evaluation Information Enclosed?	____ Yes	____ Yes
	____ No	____ No

13) During fiscal years 1981-1985, did any significant shifts in total numbers of staff, or in staff functions, occur within the division or program that administers child protective or child welfare services?

An example of a significant shift might be a 10% increase in the total number of staff during 1984, a 25% increase in time spent by staff on intake and investigation activities 1981-1985, and a 100% increase in time spent by casework staff in court-related activities 1981-1985.

_____ No.

_____ Yes. (please describe and answer 13a below)

13a) Did any shifts in staff during fiscal years 1981-1985 occur between human service programs or divisions? An example might be a shift of general assistance case workers to the child protection division.

_____ No.

_____ Yes. (please describe)

13b) For fiscal years 1981-1985, please indicate the average number of years of education child protective service workers in your state completed.

1981 _____ average number of years of education completed

1982 _____ average number of years of education completed

1983 _____ average number of years of education completed

1984 _____ average number of years of education completed

1985 _____ average number of years of education completed

14) Please select one or two private or public sector prevention and treatment approaches implemented in your state that are most effective in addressing child abuse and neglect and complete the questions below.

14a) Description of prevention approach(es): (If you need additional space, please attach a separate sheet.)

14a.1)

Is evaluation information available?

_____ No.

_____ Yes. (Please mark question #14a.1 on any material you submit in response to this question.)

14a.2)

Is evaluation information available?

_____ No.

_____ Yes. (Please mark question #14a.2 on any material you submit in response to this question.)

14b) Description of treatment approach(es). (If you need additional space, please attach a separate sheet.)

14b.1)

Is evaluation information available?

_____ No.

_____ Yes. (Please mark question #14b.1 on any material you submit in response to this question.)

14b.2)

Is evaluation information available?

_____ No.

_____ Yes. (Please mark question #14b.2 on any material you submit in response to this question.)

15) What are the administrative or policy barriers, if any, to implementing current child protective and child welfare services effectively? What steps would you take to remove those barriers, if you could. (If you need additional space, please attach a separate sheet.)

16) If you could shift or add resources for child protective and child welfare services, how would you allocate them? (For example, prevention, treatment, out-of-home placement, investigation services -- please comment) (If you need additional space, please attach a separate sheet.)

17) In providing child protective and child welfare services in your state in the past decade, have you observed any trends in the nature and extent of child abuse and neglect? If so, please describe. (If you need additional space, please attach a separate sheet.)

APPENDIX A

CHILD ABUSE AND NEGLECT REPORTING

1981 - 1984

Published By:
The American Humane Association
9725 East Hampden Avenue
Denver, Colorado 80231

INDIVIDUAL JURISDICTION REPORT TOTALS*

Table 1 presents the total number of reports documented during 1981 by each of the U.S. jurisdictions. Unless indicated otherwise, these figures represent the number of families who were reported (as opposed to individual children), a combination of substantiated and unsubstantiated reports, and reports documented during calendar year 1981.

1981 Jurisdiction Totals

Alabama	18,654[1]	Montana	5,243[1,3]
Alaska	7,748[2,3]	Nebraska	4,250
Arizona	4,783[4]	Nevada	3,851
Arkansas	8,723	New Hampshire	2,714
California	108,930	New Jersey	23,758[1,4]
Colorado	6,611	New Mexico	3,578
Connecticut	10,180[1,3]	New York	64,421
Delaware	2,873	North Carolina	16,374
District of Columbia	3,099	North Dakota	1,784
Florida	68,446[1,4]	Ohio	16,514[5]
Georgia	13,796[3]	Oklahoma	12,283[1,4]
Guam	205	Oregon	2,732[1,6]
Hawaii	2,635[1]	Pennsylvania	13,703[1]
Idaho	5,805	Puerto Rico	4,522
Illinois	28,840[3]	Rhode Island	2,293
Indiana	21,929[1,3]	South Carolina	11,690
Iowa	14,757	South Dakota	4,890[1]
Kansas	19,492[1]	Tennessee	26,755
Kentucky	17,131[3]	Texas	49,587
Louisiana	17,822[4]	Utah	5,832[1,3]
Maine	4,069	Vermont	1,256
Maryland	11,698	Virginia	39,685[1,3]
Massachusetts	18,500[3]	Virgin Islands	33
Michigan	34,688[3]	Washington	20,504
Minnesota	8,003	West Virginia	7,111[1]
Mississippi	3,564	Wisconsin	8,508[1]
Missouri	32,559	Wyoming	1,569
		TOTAL	**850,980**

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[1] Represents individual child reports as opposed to family reports

[2] Represents a combination of adults and children involved in child protection cases

[3] Represents reports documented during the fiscal year as opposed to the calendar year

[4] Represents an estimate

[5] Represents total contained in the National Study data base

[6] Represents substantiated reports only

* "Highlights of Official Child Neglect and Abuse Reporting," The American Humane Association, Child Protection Division, Denver, Colorado, Annual Report, 1981

APPENDIX A

NUMBER OF REPORTS AND INVOLVED CHILD RATES, 1982 *

STATE	NUMBER OF REPORTS	NUMBER OF INVOLVED CHILDREN	INVOLVED CHILD RATES: INVOLVED CHILDREN PER 1,000 U.S. CHILDREN
Alabama	24,000[1,3]	24,000[3]	21.24
Alaska	3,179[1,2,7]	3,179[2,7]	22.55
Arizona	8,944	N/A	N/A
Arkansas	8,935	15,145	23.34
California	119,685	218,605	33.71
Colorado	8,191	N/A	N/A
Connecticut	8,335	12,156	15.51
Delaware	3,114	N/A	N/A
District of Columbia	3,127[2,3]	5,484	39.74
Florida	80,743[1,2]	80,743[3]	33.25
Georgia	13,384[2]	30,298	18.61
Hawaii	2,997[1]	2,997	10.78
Idaho	4,805	6,200[3]	20.00
Illinois	34,394	61,443	19.58
Indiana	23,988[1]	23,988	15.53
Iowa	22,431[1]	22,431	28.14
Kansas	19,181[1]	19,181	29.65
Kentucky	30,455[1,2]	30,455	29.23
Louisiana	17,968	37,733[3]	28.10
Maine	4,188	8,671	28.06
Maryland	5,843[1,6]	5,846[6]	*
Massachusetts	28,869[1]	28,869	20.40
Michigan	35,580	82,795[3]	32.10
Minnesota	10,009	14,393	12.63
Mississippi	3,214	N/A	N/A
Missouri	33,965	55,862	42.26
Montana	4,342[1,3]	4,342[3]	18.80
Nebraska	4,093	5,872	13.32
Nevada	4,395	8,297	36.07
New Hampshire	2,979	N/A	N/A
New Jersey	20,193[1]	20,193	10.06
New Mexico	2,878[2,8]	5,684[8]	*
New York	69,739	N/A	N/A
North Carolina	16,979[2]	27,217	16.84
North Dakota	2,088	3,738	19.37
Ohio	23,000[3]	N/A	N/A
Oklahoma	14,676[1]	14,676	16.66
Oregon	3,639[1,3]	N/A	*
Pennsylvania	15,593[1]	15,593	5.22
Rhode Island	4,492	8,086	34.56
South Carolina	10,534[2]	23,545	25.45
South Dakota	5,048[1]	5,048	25.24
Tennessee	17,692	32,550	25.83
Texas	54,228	91,521	20.21
Utah	6,358	N/A	N/A
Vermont	1,056	N/A	N/A
Virginia	40,597[1,2]	40,597	28.23
Washington	21,536	41,565	36.43
West Virginia	7,763	N/A	N/A

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* "Highlights of Official Child Neglect and Abuse Reporting 1982," The American Humane Association, Child Protection Division, Denver, Colorado

Continued

STATE	NUMBER OF REPORTS	NUMBER OF INVOLVED CHILDREN	INVOLVED CHILD RATES: INVOLVED CHILDREN PER 1,000 U.S. CHILDREN
Wisconsin	9,067[1]	9,067	6.90
Wyoming	1,635	2,572	16.30
Guam	166[4]	N/A	N/A
Puerto Rico	4,822	11,240	N/A
Virgin Islands	125[1]	125	N/A
Mariana Islands	73	101	N/A

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*Calculating a rate using the particular information provided by this state is inappropriate.

[1] Represents individual child reports as opposed to family reports.

[2] Represents reports documented during the fiscal year as opposed to the calendar year.

[3] Represents an estimate.

[4] Represents total contained in the National Study data base.

[5] Represents substantiated reports only.

[6] Represents abuse reports only.

[7] Represents new cases accepted during this period.

[8] Represents reports documented from October, 1982 through August, 1983.

APPENDIX A

Number of Reports and Child Report Rates, 1983 *

State	Number of Reports	Number of Children Reported	Child Report Rates: Involved Children Per 1,000 U.S. Children	
			1983	1982
Alabama	23,438[1]	23,438	21.04	21.24
Alaska	4,995[1,2,3]	4,995[2,3]	32.45	22.55
Arizona	10,095[4]	N/A	N/A	N/A
Arkansas	10,221	16,858	25.89	23.34
California	126,855	230,813	35.24	33.71
Colorado	9,268	N/A	N/A	N/A
Connecticut	9,189	14,100	18.55	15.51
Delaware	3,944[2]	8,162[2,3]	52.66	N/A
District of Columbia	3,721[2]	6,652[2]	49.27	39.74
Florida	98,026[1]	98,026	39.33	33.25
Georgia	20,600[3]	35,200[3]	21.70	18.61
Hawaii	2,308[9]	3,185	11.21	10.78
Idaho	6.591	N/A	N/A	20.00
Illinois	36,731	63,884	20.55	19.58
Indiana	27,708[1]	27,708	18.20	15.53
Iowa	14,556[9]	23.231	29.52	28.14
Kansas	21,156[1]	21,156	32.70	29.65
Kentucky	18,774[2,6]	32,692[2]	31.50	29.23
Louisiana	18,663	33,374[3]	24.61	28.10
Maine	4,748	11,870[3]	38.54	28.06
Maryland	14,521[1,8]	14,521	13.30	N/A
Massachusetts	36,258[1]	36,258	26.31	20.40
Michigan	37,561[2]	86,414[2]	34.33	32.10
Minnesota	11,411	16,196	14.36	12.63
Mississippi	4,004	N/A	N/A	N/A
Missouri	34,210	64,345	49.08	42.26
Montana	4,342[1,3,6]	4,342[3,6]	18.56	18.80
Nebraska	4,417	5,421	12.29	13.32
Nevada	5,056	7,331	32.01	36.07
New Hampshire	2,973	N/A	N/A	N/A
New Jersey	26,398[1]	26,398	14.12	10.06
New Mexico	3,699[4]	N/A	N/A	N/A
New York	58,690[7]	96,011[7]	21.72	N/A
North Carolina	16,919[2]	27,217	17.00	16.84
North Dakota	2,428	3,767	19.32	19.37
Ohio	30,000[3]	N/A	N/A	N/A
Oklahoma	15,144[1,2]	15,144[2]	16.50	16.66
Oregon	3,975[1,10]	N/A	N/A	N/A
Pennsylvania	15,872[1]	15,872	5.39	5.22
Rhode Island	3,467	N/A	N/A	N/A
South Carolina	15,527[1,6]	15,527	16.75	25.45
South Dakota	5,577[1,2]	5,577[2]	27.34	25.24
Tennessee	16,110	37,067	29.70	25.83
Texas	58,965	99,072	21.35	20.21
Utah	8,423	N/A	N/A	N/A
Vermont	1,865	2,647	18.91	N/A
Virginia	42,844[1,2]	42,844[2]	30.09	28.23
Washington	25,123	36,652	31.98	36.43

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* "Highlights of Official Child Neglect and Abuse Reporting, 1983," American Association for Protecting Children, Inc., a division of The American Humane Association, Denver, Colorado

Number of Reports and Child Report Rates, 1983

State	Number of Reports	Number of Children Reported	Child Report Rates: Involved Children Per 1,000 U.S. Children	
			1983	1982
West Virginia	12,396	N/A	N/A	N/A
Wisconsin	9,614[1]	9,614	7.46	6.90
Wyoming	2,054	3,227	20.30	16.30
Guam	337	398	N/A	N/A
Puerto Rico	5,526	11,831	N/A	N/A
Virgin Islands	225	N/A	N/A	N/A
Marianas Islands	140[4]	140	N/A	N/A

[1] Represents individual child reports as opposed to family reports.
[2] Represents reports documented during the fiscal year as opposed to the calendar year.
[3] Represents an estimate.
[4] Represents total contained in the National Study data base.
[5] Represents new cases accepted during this period.
[6] Represents the 1982 total, as the 1983 total was unavailable and is therefore an estimate.
[7] Represents an unduplicated count, which renders it comparable with all prior years. The actual (duplicated) count was 74,120 reports representing 125,288 children.
[8] This state changed from providing the number of families in their report total in 1982, to providing the number of children in 1983.
[9] This state changed from providing the number of children as their report total in 1982, to providing the number of families as their report total for 1983.
[10] Represents substantiated reports only.

APPENDIX A

1984 Child Abuse and Neglect Reporting Totals and Rates *

	Number of Families Reported	Number of Children Reported	Child Report Rates: Involved Children Per 1,000 U.S. Children 1984	1983	1982
National	1,024,178	1,726,649	27.3	23.6	20.1
State					
Alabama	18.303[2,A]	28,407[2,A]	25.59	21.04	21.24
Alaska	4,544[7,B]	7,052[2,B]	43.53	32.45	22.55
Arizona	12,749[2,B]	19,788[7,B]	23.12	N/A	N/A
Arkansas	12,558[2,A]	20,974[2,A]	32.17	25.89	23.34
California	138,061[2,A]	250,271[2,A]	37.57	35.24	33.71
Colorado	8,640[1,A]	13,410[1,A]	15.67	N/A	N/A
Connecticut	10,031[1,A]	17,015[7,A]	22.78	18.55	15.51
Delaware	3,811[2,A]	7,887[2,A]	50.88	52.66	N/A
District of Columbia	2,299[10,A]	3,878[10,A]	28.94	49.27	39.74
Florida	56,429[7,A]	87,582[2,A]	34.88	39.33	33.25
Georgia	21,359[1,A]	36,229[7,A]	22.20	21.70	18.61
Hawaii	2,877[2,A]	3,971[2,A]	13.84	11.21	10.78
Idaho	7,324[4,B]	11,368[7,B]	35.30	N/A	20.00
Illinois	39.233[2,A]	67,058[2,A]	21.70	20.55	19.58
Indiana	18,658[7,A]	28,958[2,A]	19.15	18.20	15.53
Iowa	15,804[2,A]	25,018[2,A]	31.95	29.52	28.14
Kansas	14,706[7,A]	22,825[2,A]	35.01	32.70	29.65
Kentucky	19,045[2,A]	32,713[2,A]	31.76	31.50	29.23
Louisiana	20,943[1,A]	34,783[1,A]	25.65	24.61	28.10
Maine	5,428[2,A]	13,570[1,A]	44.20	38.54	28.06
Maryland	5,204[2,A]	8,077[4,A]	7.44	13.30	N/A
Massachusetts	28,119[1,A]	46,396[2,A]	33.99	26.31	20.40
Michigan	41,352[2,A]	90,627[2,A]	36.45	34.33	32.10
Minnesota	14,109[7,A]	23,673[8,A]	21.08	14.36	12.63
Mississippi	4,487[2,A]	6,964[2,A]	8.74	N/A	N/A
Missouri	39,709[2,A]	72,446[2,A]	55.13	49.08	42.26
Montana	4,049[2,A]	5,126[2,A]	21.72	18.56	18.80
Nebraska	6,083[2,A]	8,230[2,A]	18.58	12.29	13.32
Nevada	6,066[2,A]	8,795[4,A]	37.59	32.01	36.07
New Hampshire	3,955[1,A]	6,708[2,A]	26.62	N/A	N/A
New Jersey	26,098[1,A]	44,368[2,A]	23.94	14.12	10.06
New Mexico	8,353[1,A]	14,000[1,A]	32.18	N/A	N/A
New York	81,093[2,A]	134,699[2,A]	30.69	21.72	N/A
North Carolina	17,970[2,A]	26,201[2,A]	16.38	17.00	16.84
North Dakota	2,856[4,B]	4,431[2,B]	22.38	19.32	19.37
Ohio	56,000[1,A]	94,640[1,A]	32.87	N/A	N/A
Oklahoma	11,693[2,A]	18,149[2,A]	19.71	16.50	16.66
Oregon	10,655[1,A]	16,536[4,A]	23.33	N/A	N/A
Pennsylvania	12,943[7,A]	20,088[2,A]	6.90	5.39	5.22
Rhode Island	5,470[1,A]	8,490[7,A]	37.57	N/A	N/A
South Carolina	14,125[1,A]	23,958[7,A]	25.84	16.75	25.45
South Dakota	6,536[2,A]	10,145[7,A]	49.25	27.34	25.24
Tennessee	20,531[1,B]	41,063[2,B]	32.98	29.70	25.83
Texas	64,313[2,A]	105,882[2,A]	22.45	21.35	20.21
Utah	8,945[2,A]	14,967[2,A]	23.95	N/A	N/A
Vermont	2,144[2,A]	3,076[1,A]	22.13	18.91	N/A
Virginia	27,603[7,A]	42,842[2,A]	30.00	30.09	28.23
Washington	30,072[2,A]	42,352[2,A]	36.51	31.98	36.43

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* "Highlights of Official Child Neglect and Abuse Reporting 1984," American Association for Protecting Children, Inc., a division of The American Humane Association, Child Protection Division, Denver, Colorado

1984 Child Abuse and Neglect Reporting Totals and Rates (continued)

State	Number of Families Reported	Number of Children Reported	Child Report Rates: Involved Children Per 1,000 U.S. Children 1984	1983	1982
West Virginia	$11,183^{4,A}$	$17,357^{7,A}$	32.69	N/A	N/A
Wisconsin	$11,083^{7,A}$	$17,202^{2,A}$	13.47	7.46	6.90
Wyoming	$2,346^{2,A}$	$3,502^{2,A}$	21.89	20.30	16.30
Guam	$390^{2,A}$	$580^{1,A}$	N/A	N/A	N/A
Puerto Rico	$5,526^{4,A}$	$11,831^{4,A}$	N/A	N/A	N/A
Virgin Islands	$225^{4,A}$	$349^{7,A}$	N/A	N/A	N/A
Marianas Islands	$90^{7,A}$	$140^{4,A}$	N/A	N/A	N/A

Table Footnotes: The first footnote number, or source code, represents the information source for the number of reports, while the second footnote, or duplication code, indicates whether the report is duplicated. For example, under the column "Number of Families Reported," Alabama is reported as $18,392^{7,A}$, which corresponds to source code 7 and duplication code A.

Source Codes:

[1] Estimate provided by state.

[2] Number provided by state computer system.

[3] Number based on a hand count of reports at the state level.

[4] Number based on counts of reports made by local jurisdictions, e.g. counties.

[5] Estimate computed based on the ratio of children to families or families to children from case reports available to the national study for this state.

[6] Estimate is based on last year's data as no data are available for 1984.

[7] Estimate computed based on a nationally derived ratio of children to families or families to children. In 1984, the conversion factor from families to children is 1.552 and from children to families 0.644.

[8] Data are provided by the state, but it is not known if the number is an estimate or exact count.

[9] Only data on founded cases are available from this state.

[10] Data are based on the number of cases submitted to the national study as counts by the state are not available.

Duplication Codes:

[A] Duplicated Reports.

[B] Unduplicated reports.

APPENDIX II

FEDERAL PROGRAM DESCRIPTIONS

APPENDIX II

FEDERAL PROGRAM DESCRIPTIONS*

SOCIAL SERVICES BLOCK GRANT

Legislative Authority

Title XX of the Social Security Act; permanently authorized.

Administering Agency

Office of Human Development Services, U.S. Department of Health and Human Services; State social service agencies.

Program Description

Under the social services block grant, States receive federal funds to provide various social services to their citizens; funds are distributed to States according to their relative population. Within broad federal guidelines, States are free to design their own programs, establish their own income eligibility criteria, and develop their own priorities for use of funds. Prior to FY 1982, States were required to furnish non-federal matching funds and to observe federally established income criteria and priorities for certain population groups, such as welfare recipients. Day care provided to children, which traditionally has been the single largest service funded under Title XX, also had to meet cerain Federal requirements prior to FY 1982. However, the Omnibus Reconciliation Act of 1981 eliminated most Federal regulation of the Title XX program and transferred maximum decision-making authority to the States.

In FY 1986, services provided by most States included home-based services (e.g., homemaker, chore, companionship, home health and maintenance services), protective and emergency services for children and adults, child day care, employment and education training, adoption and foster care services, counseling, and information/referral.

Participation

Since 1982, when Title XX programs were block granted, States have only had to report to the Department of Health and Human Services what services are being offered and who is eligible for these services. The number of recipients, however, is not known.

Funding (in billions)

FY 1981	FY 1982	FY 1983	FY 1984	FY 1985	FY 1986
2.9	2.4	2.675	2.7	2.725	2.6**

(Combined funding for title XX services and training.)

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* These descriptions are drawn from "Federal Programs Affecting Children," Select Committee on Children, Youth, and Families, January 1984. Information has been updated using materials from the Congressional Research Service.

** This amount reflects reductions under P.L. 99-366.

These figures represent total federal funding for social services to adults and children. No breakdown is available on the percentage of these total appropriations which were used to benefit children. However, the Department of Health and Human Services estimates that in FY 1980, 39 percent of total title XX expenditures were for services provided exclusively to children and youth.

CHILD WELFARE SERVICES

Legislative Authority

Title IV-B of the Social Security Act, as amended; permanently authorized.

Administering Agency

Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services; administered on the State level by the State child welfare agencies.

Program Description

Under the child welfare services program, States receive federal matching funds for the provision of child welfare services to children and their families without regard to income. By law, the federal share is 75 percent, but the States spend considerably more than their required 25 percent match for services under this program. The majority of child welfare services funds (Federal and State combined) is spent on services which support foster care, adoption, and child protection. Family counseling and rehabilitation are also funded by this program. Funds are distributed to States on the basis of population under age 21 and per capita income. Program regulations authorize but do not require States to service children up to age 21.

Participation

Because of the minimial reporting requirements under this program, there are no reliable data on the number of children served. During the 1970's an estimated 200,000 to 300,000 children annually received services funded by the Federal-State child welfare services program.

Funding (in millions)

FY 1981	FY 1982	FY 1983	FY 1984	FY 1985	FY 1986*
163.5	156.3	156.3	165.0	200.0	198.1

FOSTER CARE

Legislative Authority

Title IV-E of the Social Security Act, as amended; permanently authorized.

Administering Agency

Administration for Children, Youth, and Families, Office of Human Development Services, U.S. Department of Health and Human Services; administered at the State level by State child welfare agencies.

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* Reflects reductions under P.L. 99-366

Program Description

The Aid to Families with Dependent Children foster care program provides matching funds to the States for maintenance payments for AFDC-eligible children up to age 18 who are in foster care. Payments may be made for foster children in foster family homes and in child care institutions. The matching rate of a given State is that State's Medicaid matching rate; nationally this rate averages approximately 53 percent. By law, States are required to have a case plan and regular case reviews for each foster child and must set goals establishing a maximum figure for the number of children in foster care for more than 2 years. States must also provide preventive and reunification services for each foster child.

Under the Consolidated Budget Reconciliation Act of 1985, title IV-E foster care children are eligible for Medicaid from the State in which the child resides. The law also established an entitlement program for States for services to help AFDC foster care children age 16 and over prepare for independent living. Each State's share of funds for this program are to be based on the FY84 AFDC foster care caseload.

Participation

FY 1986--the average monthly total of children in AFDC foster care is estimated to be 102,000.

Funding (in millions)

FY 1981	FY 1982	FY 1983	FY 1984	FY 1985	FY 1986
349.0	300.0	395.0	483.37	485.432	501.6

ADOPTION ASSISTANCE

Legislative Authority

Title IV-E of the Social Security Act, as amended; permanently authorized.

Administering Agency

Administration for Children, Youth, and Families, Office of Human Development Services, U.S. Department of Health and Human Services; administered at the State level by State child welfare agencies.

Program Description

This program provides matching funds to the States, at the Medicaid matching rate (53 percent, nationally), for payments to parents who adopt an AFDC- or SSI- eligible child with "special needs." A child with special needs is defined as a child who is free for adoption and who has a specific condition, such as ethnic background, age, membership in a sibling group, or mental or physical handicap which prevents him or her from being placed without assistance payments. Children are eligible for Medicaid in the State in which they reside when an adoption assistance agreement is in effect. They can continue to receive Medicaid benefits regardless of the income level of their adoptive parents or if they move to another State. Payments can continue until the child reaches the age of 18, or in some cases 21.

This program was established in 1980. All States participated in the program beginning in FY 1983. [Alaska and Wyoming, while formally in the program, do not spend any money on placing children.]

Participation (Average number of children receiving benefits/month)*

FY 1981	FY 1982	FY 1983	FY 1984	FY 1985
	2400	5300	11000	16000

Funding (in millions)

FY 1981	FY 1982	FY 1983	FY 1984	FY 1985	FY 1986**
5.0	5.0	5.0	21.7	35.351	41.391*

CHILD ABUSE PREVENTION AND TREATMENT PROGRAMS

Legislative Authority

Child Abuse Prevention and Treatment Act, as amended through 1984.

Administering Agency

National Center on Child Abuse and Neglect, Administraton for Children, Youth, and Families, Office of Human Development Services, U.S. Department of Health and Human Services; State grants administered by State child welfare agencies.

Program Description

The federal child abuse program supports activities intended to prevent, identify, and treat child abuse, child neglect, and child sexual abuse. In the 1984 amendments, new categories of abuse were included, i.e., institutional abuse and "seriously disabled infants" and the definition of child sexual abuse was clarified.

Under the State grant program, grants are awarded annually to eligible States and territories to use for any child abuse and neglect-related activities they wish. The law defines child to be a person under age 18. To become eligible for funds, States must meet a number of requirements set forth in the Child Abuse Prevention and Treatment Act, including provisions in State law for mandatory reporting by professionals (physicians, police officers, social workers, etc.) of suspected child abuse, immunity from prosecution for those who report, and prompt investigation of all reports. State grants rarely go into direct services, but are usually used by the State as seed money for innovative approaches to combating child abuse and neglect.

The National Center on Child Abuse and Neglect also awards discretionary grants to public agencies, private nonprofit organizations, and universities for projects related to preventing, identifying, and treating child abuse and neglect. Grants are awarded for (1) research into the causes and consequences of child abuse and neglect; (2) demonstration projects that prevent and treat child abuse and neglect;

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* Most children who are receiving Title IV-E funds receive them for several years. Therefore, the above numbers are cumulative and are not expected to level off until greater numbers of kids leave the system.

** Reflects reductions under P.L. 99-366.

and (3) the improvement of existing service programs addressing child abuse and neglect.

Participation

Not applicable

Funding

	FY 1981	FY 1982	FY 1983	FY 1984	FY 1985	FY 1986*
State Grants	$ 7.0	6.7	6.7	6.7	12.0	11.4
Discretionary Grants	16.0	9.5	9.5	9.5	14.0	13.3
TOTAL	$ 23.0	$16.2	$16.2	$16.2	$26.0	29.7

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* Reflects reductiions under P.L. 99-366.

APPENDIX III

REFERENCES

INCLUDING ALL DOCUMENTS

SUBMITTED BY STATES

APPENDIX III

REFERENCES INCLUDING ALL DOCUMENTS SUBMITTED BY STATES

1. Alabama Survey.
1.(a) "Reporting of Child Abuse or Neglect," 26-14-6 through 26-14-13.
1.(b) "Reporting of Child Abuse or Neglect," Chapter 14.
1.(c) Alabama Law, Act No. 81-615, includes definitions of: Abuse, Neglect, Child, and Duly Constituted Authority.
1.(d) "Reports to District Attorney," VII-17.
1.(e) "Chapter XI, Foster Care".
1.(f) "Evaluative Statement - Parent Aide Project 1981 - 1982," "PEP in Alabama" (article describing the project, published in Children Today, September - October, 1984).

2. Alaska Survey.
2.(a) Child Abuse and Neglect Reporting Law, Chapter 17, Child Protection, Pages 1 - 4.
2.(b) Service Outcome at Conclusion of Investigation, 300.05.290, Child Protective Services, December, 1984.
2.(c) FY 84' Annual Statistical Report.
2.(d) Delinquent Minors and Children in Need of Aid, AS 47.10, October 1984 Edition, Chapter 10.
2.(e) Cover Letter from Michael L. Price, Director, Dept. Of Health and Social Services, Division of Family and Youth Services.

3. Arizona Survey.
3.(a) Arizona Department of Economic Security, Chapter 5 Social Services, Subject 01 Definitions.
3.(b) Arizona Department of Economic Security, Chapter 5 Social Services; Subject - Reporting Abuse, Neglect, and Felonies to Law Enforcement.
3.(c) Assessment Report, Program Development Projects FY 84-85.
3.(d) Follow-up information for question 4 received with cover letter from Beth Rosenberg.
3.(e) Cover letter received from Douglas X. Patino, Director, Arizona Department of Economic Security.

4. Arkansas Survey.
4.(a) Cover Letter from Sharon Moone-Jochums, Deputy Director, Arkansas Department of Human Services, Division of Children and Family Services.
4.(b) "Arkansas Service Program Policy 1800: Protective Services for Children," with Supplements A, B, and C. 4/16/86.
4.(c) Services Program Policy Manual, Section 2400-1, foster care policy definition.
4.(d) Cover letter from Arkansas Department of Human Services, Division of Children and Family Services, includes follow-up answers to questions 6, 8, 9, 11, and 14.a.

5. California Survey.
5.(a) Revised Preplacement Preventive Services Monthly Statistical Report, Form SOC 291, (1/85), Reference - All-County Letter No. 84-71.
5.(b) Policy Change Description.
5.(c) California Child Abuse Reporting Law, Penal Code, Article 2.5. Child Abuse Reporting, Page 39 through 44.
5.(d) Child Welfare Services Report, January 1985.
5.(e) 1982 Calendar Year, and January - September 1983, Reason for Referral of Accepted Cases.

5.(f) July - December 1984, Reason for Emergency Response.
5.(g) Preplacement Preventive Services, Quarterly Report on Emergency Response Services Activity and Family Maintenance Services Activity, December, 1983.
5.(h) Table 3. Reasons for Referral.
5.(i) California Penal Code, Section 30-002, includes defintion of Foster Care.
5.(j) "Child Welfare Services Report," January 1985.
5.(k) Cover letter with follow-up information from Ritch Hemstreet, Chief, Family and Children's Services Policy Bureau.
5.(l) Funds (Federal, State/Local) spent in California for Child Welfare Service programs in FY 85-86, display sent in form of a letter.
5.(m) Cover letter from Linda S. McMahon, Director, Department of Social Services.

6. Colorado Survey.
6.(a) Cover Letter from David L. Ashmore, Director, Division of Family and Children's Services.
6.(b) Social Services: Bureau of Economic and Social Services, Family and Children's Services, Office of the Director, Fiscal Year 1986-87. Program Descriptions and Goals for Program Areas III through VII; Budget Summaries included.
6.(c) Colorado Department of Social Services: Family & Children's Services, County Letter #86-26-A, February 11, 1986.
6.(d) Report describing Colorado's programs that use Title XX funds; five such programs are given.
6.(e) "Colorado's Community-Based Child Protection Teams: Child Protection Program, Department of Social Services." July 1984.
6.(f) Article 10, Child Abuse or Neglect, July, 1985.
6.(g) Cover letter from Jane Beveridge, Director, Central Registry of Child Protection Division of Family & Children's Services
6.(h) "Colorado Prevention and Reporting of Child Abuse in Residential Care - Grant #90-CA-1096"
6.(i) "Colorado's Community-Based Child Protection Teams," July, 1984, Denver, Colorado.
6.(j) Cover letter received from David L. Ashmore, Director, Division of Family & Children's Services with follow-up information

7. Connecticut Survey.
7.(a) Department of Children and Youth Services, Division of Protective and Children's Services, Bulletin # 30, 31, 69, 78, and 79.
7.(b) Department of Children and Youth Services, Division of Protective and Children's Services, Bulletin # 63.
7.(c) Department of Children and Youth Services, Division of Protective and Children's Services, Bulletin #10.
7.(d) Department of Children and Youth Services Program Budget, Fiscal Year 1982.
7.(e) Department of Children and Youth Services Program Budget Fiscal Year 1983.
7.(f) Department of Children and Youth Services Budget-in-detail, Fiscal Year 1984.
7.(g) Department of Children and Youth Services Budget-in-detail, Fiscal Year 1984 - 1985.
7.(h) "Day Care," a description of Connecticut's posture thereof.
7.(i) Department of Health and Human Services, "Notice of Financial Assistance Awarded," and "Budget Narrative 10/1/85 - 2/28/87."

7.(j) Department of Health and Human Services, Division of Children and Protective Services: Fiscal Sources and Allocations for 1986 and 1987.
7.(k) "Annual Report, Connecticut Children's Protection Project," July 1, 1983 to June 30, 1984.
7.(l) "Annual Report, Connecticut Children's Protection Project," July 1, 1984 to June 30, 1985.
7.(m) "The Connecticut Children's Trust Fund," materials describing "Child Abuse Awareness in the Schools Project."
7.(n) Five Model Programs concerning prevention.
7.(o) "The Stamford Hospital Perinatal Support Program Proposal," August, 1984.
7.(p) Pamphlet submitted entitled "Child Abuse Awareness in the Schools Project," Sponsored by The Connecticut Children's Trust Fund.
7.(q) Cover Letter from Walter Pawelkiewicz, Ph.D, Director, Research and Evaluation, Department of Children and Youth Services.
7.(r) "About the Care and Protection of Children," Department of Children and Youth Services.

8. Delaware Survey.

9. District of Columbia Survey.
9.(a) Investigation of Child Abuse/Neglect, Section IX-1-C-5, November 21, 1984.
9.(b) Reporting Child Abuse and Neglect, Section IX-1-C-4, November 21, 1984.
9.(c) D.C. Law 2-22, "Prevention of Child Abuse and Neglect Act of 1977".
9.(d) Statement of Commissioner Audrey Rowe on Realignment Creating "The Child and Family Services Division," October 1, 1982.
9.(e) Preventive Family Counseling Program, (PFCP).
9.(f) Preventive Family Counseling Program, Preventive Unit, One Year Program Evaluation.
9.(g) Cover Letter from Mayor Marion Barry, Jr.

10. Florida Survey.
10.(a) "Annual Summary of Child Welfare Services State of Florida for Fiscal Years 1980 thru 1985 (FY = July to June).
10.(b) "Protection From Abuse, Neglect, and Exploitation" (Chapter 415, Pages 1030 thru 1045).
10.(c) "Child Welfare Services in Florida," Florida Department of Health and Rehabilitative Services, August 1985.
10.(d) "Social and Economic Assistance," Chapter 409, definition of foster care.
10.(e) "Intensive Crisis Counseling Programs," (ICCP).

11. Georgia Survey.
11.(a) Division of Family and Children Services, Social Services Manual, December, 1981, Pages 2100-14 thru 2100-20.
11.(b) Georgia Laws Pertaining to Child Abuse and Neglect, Code Section 19-7-5, Chapter 49-5-40.
11.(c) Programs for Children and Youth, Research References, 49-5-8.
11.(d) Division of Family and Children Services, Social Services Manual, 2100 Protective Services - Children, Pages 2100-1 thru 2100-4.
11.(e) Division of Family and Children Services, Social Services Manual, Appendix B, Glossary, A. Physical and Sexual Abuse Terms, 2100-B-1.

11.(f) Division of Family and Children Services, Social Services Manual, Appendix B, Child Neglect Terms, 2100-B-3.
11.(g) Division of Family and Children Services, Social Services Manual, Appendix B, C. Emotional Abuse Terms, 2100-B-5.
11.(h) Division of Family and Children Services, Social Services Manual, Appendix B, Basic Categories of Child Neglect, 2100-B-6.
11.(i) Division of Family and Children Services, Social Services Manual, Foster Care Services For Children, 1000-1.
11.(j) Division of Family and Children Services, Social Services Manual, Referral of Reports to District Attorney or Police Authority, 2103.12.
11.(k) Division of Family and Children Services, Social Services Manual, Removal of Child(ren) from Their Own Homes, 2104.5.
11.(l) "It's OK to tell!," Medical Association of Georgia, Georgia Department of Human Resources, Partnership for the prevention of Child Abuse.
11.(m) The Family Preservation Services Project in Columbia County Evaluation Report, 1985, Submitted 5-15-86.
11.(n) A Guide For Establishing Local Child Abuse Protocols, Judicial Council of Georgia/Administrative Office of the Courts, December 13, 1985.
11.(o) Memorandum, January 6, 1986, from Harold N. Hill, Jr., Chief Justice, regarding Progress Report on Accomplishing the Goals and Objectives in Senate Resolutions 189 and 199 "To Improve the Handling of Child Abuse Cases."
11.(p) Cover Letter received from Joe Frank Harris, Governor, State of Georgia.

12. Hawaii Survey.
12.(a) "Family," p.p. 218-239.
12.(b) "Social Services," p.p. 382-383. Also "Hawaii Revised Statutes: 1984 Supplement, Volume 4, Titles 18-20, Chapters 296-367, and "Chapter 350: Child Abuse," p.p. 260-261.
12.(c) Information on the "Hawaii Family Stress Center," includes and evaluation report from May 1983, background information and fact sheets.
12.(d) Information on the Hawaii Family Stress Center is also included in cover letter from Gail Breakey, Director of the Center.
12.(e) "Healthy Start Project - Preliminary First Year Report."

13.Idaho Survey.
13.(a) Idaho Child Protective Act.
13.(b) Social Services, Section 03.2003, Definitions and Abbreviations, Section 03.2410, Day Care - Eligibility, Section 03.2475, Chore Section, Section 03.2476, Homemaker Services, Section 03.2477, Family Planning Services, Section 03.2600, Information and Referral Services, Section 03.2625, Sheltered Workshop Services, Section 03.2700, Services to Unmarried Parents.
13.(c) Social Services, Section 03.2300, Child Protection Services, Section 03.2325, Child Foster Care Services.
13.(d) Cover letter received from Ed Van Dusen, Social Services Coordinator, State of Idaho, Department of Health and Welfare.

14. Illinois Survey.
14.(a) "Abused and Neglected Child Reporting Act," (Illinios Revised Statutes, Chapter 23, Par. 2051).

14.(b) "Illinois Department of Children and Family Services Text of Adopted Rules," Part 302: Services Delivered by the Department.
14.(c) "Child Abuse Prevention Fund Report 1985," Illinois Department of Children & Family Services.
14.(d) Pamphlet entitled "The Ounce of Prevention Fund."
14.(e) Follow up information received for question 9 and 10 with cover letter from Mary Ann Kren, Associate Deputy Director, Division of Policy and Plans.
14.(f) Information on "The Ounce of Prevention Fund," including newsletters, miscellaneous newspaper articles, and brochures on various programs.
14.(g) "The Ounce of Prevention Fund," Descriptions of Programs and Services.
14.(h) Information on program "Parents Too Soon."
14.(i) Explanation of "Heart to Heart" - A Child Sexual Abuse Prevention Project.
14.(j) "OCTOPUS - A Church Based Sex Education Program For Teens and Parents."
14.(k) "Abstract - A Statewide Study of the Effects of Infant Care on the Children of Adolescent Mothers," as part of "The Ounce of Prevention Fund."
14.(l) Cover letter received from Gordon Johnson, Director, Department of Children and Family Services.

15. Indiana Survey.
15.(a) Follow-up information for Question 10 sent with cover letter from Steven Vaughn, Supervisor Field Services/Child Protection Unit, Department of Public Welfare.

16. Iowa Survey.
16.(a) Cover Letter from Michael V. Reagen, Ph.D, Commissioner, Iowa Department of Human Services.
16.(b) "Child Abuse Investigation Handbook," prepared by the Bureau of Children's Services, January 1982.
16.(c) Excerpts from Iowa Code, Chaps. 232, 235A, 709, 726 and 728, Ref.: State Survey on Child Protection and Child Welfare Services.
16.(d) Child Abuse Statistical Report, Court statistics, July - December, 1985.
16.(e) Iowa Child Abuse Prevention Program Evaluation Report FY 86.
16.(f) Child Protection Study Committee Final Report, October 1984.
16.(g) Polk County Intra-Family Sexual Abuse of Children Program, and Project Evaluation, August 1984.
16.(h) Polk County Intra-Family Sexual Abuse of Children Program.
16.(i) Memo to Rep. Al Sturgeon, Iowa House of Representatives, from Larry Jackson, DHS, dated 3-25-86.

17. Kansas Survey.
17.(a) Annual Summary of Child Welfare Services, Estimated Expenditures By Program Federal Funds, 1980 through 1985.
17.(b) "Kansas Manual of Youth Services," Volume 1, Section 2000.
17.(c) "Kansas Code for Care of Children," Courtesy of: Youth Services Legal, January, 1986.
17.(d) "The Family Services Program, Enhancing Efforts to Prevent Child Abuse, Neglect, and Related Problems" June, 1986.
17.(e) Cover letter received from Shannon Manzanares, Program Administrator, State Department of Social and Rehabilitation Services.

18. Kentucky Survey.
18.(a) Chapter IV Family and Children's Services, Includes definition of Foster Care.
18.(b) "Legislation Affecting The Reporting of Child Abuse," includes: KRS 199.011, KRS 199.335, KRS 199.990.
18.(c) Pamphlet "Family Based Services in Kentucky - A Community Challenge," Department for Social Services.
18.(d) Cover letter received from Linda R. Yeary, Manager, Children's Services Branch, Cabinet For Human Resources.

19. Louisiana Survey.
19.(a) Division of Children, Youth, and Family Services Program Policy Manual, Chapter IV: Child Protection Investigation, April, 1985.
19.(b) Division of Children, Youth, and Family Services Program Policy Manual, Chapter IV: Child Protection Investigation, April and November 1985.
19.(c) Division of Children, Youth, and Family Services Program Policy Manual, Chapter IV: Child Protection Investigation, April, 1985.
19.(d) Division of Children, Youth, and Family Services Program Policy Manual, Chapter VI: Foster Care, January, 1986.
19.(e) Cover Letter from The Honorable Edwin W. Edwards, Governor of Louisiana.

20. Maine Survey.
20.(a) Title 22 MRSA, Chapter 1071: Child and Family Services and Child Protection Act.
20.(b) Maine Department of Human Services, "Child and Family Services Manual: Legal and Investigative Resources and Procedures," Effective date August 10, 1981.

21. Maryland Survey.
21.(a) Maryland State Law, Pertaining to Child Neglect and Child Abuse.
21.(b) Memo regarding Child Protection Review Panel Report.
21.(c) Interagency Plan -- for children with special needs."
21.(d) "Governor's Task Force On Child Abuse And Neglect Final Report," December, 1985.
21.(e) Cover Letter from The Honorable Harry Hughes, Governor, State of Maryland.

22. Massachusetts Survey.
22.(a) "Massachusetts General Laws, Chapter 119."
22.(b) "Investigation/Assessment Services: Program Models."
22.(c) Department of Social Services - Fiscal Year 1986, Financial Summary, Tier One - Maintenance of Service Capacity, Tier Two - New Service Capacity, Tier Three - Day Care Capacity.
22.(d) Cover Letter recieved from Marie A. Matava, Commissioner, Department of Social Services.

23. Michigan Survey.
23.(a) Child Protection Law, Act No. 238, Public Acts of 1975, as amended, being Sections 722.621-722.636, Michigan Compiled Laws.
23.(b) MDT Legislation, Section 61 and Child Abuse/Neglect MDT Pilot Projects Advisory Committee.
23.(c) "Children's Trust Fund, For the Prevention of Child Abuse."
23.(d) Services to Prevent Child Abuse and Neglect.

23.(e) "Nurturing Program," A Group Based Program For Parents and Children - Ages 4 to 12 Years, as Featured on ABC's Good Morning America.

23.(f) Section One:1, Program Overview, Perinatal Positive Parenting Program.

23.(g) Michigan Department of Social Services, Services Manual, Program - Protective Services.

23.(h) Michigan Department of Social Services, Services Manual, Program - Foster Care.

23.(i) Enrolled House Bill Nos. 5328 (1984), 4558 (1983), 732 (1982) 4130 (1981), 1007 (1980), 4445 (1975).

23.(j) Caseload vs. Staffing (State) (table showing monthly and quarterly measures for the period from October 1981 through March 1986.)

23.(k) Act No. 117, Section 1, Enrolled Senate Bill No. 137, "Abortions not performed to save the life of the mother."

23.(l) Cover letter to Governor James J. Blanchard from Agnes M. Mansour, Director, Department of Social Services discussing amendments.

23.(m) Memorandum from Diane K. Emling, Director, Office of Children and Youth Services on Status Report and Amendments to Michigan Child Welfare Services Plan, August 1, 1985.

23.(n) Cover letter from Michael C. Murphy, Children's Advocate, State of Michigan.

23.(o) Cover letter with follow-up information from Diane K. Emling, Director, Office of Children and Youth Services.

23.(p) "Special Family Services Project, Second Year Report," from the Divison of Individual and Family Services, Michigan Department of Social Services.

23.(q) "Special Family Services Report, Third Year Report," July 1983.

23.(r) Brochure entitled "Preventive Services for Families in Michigan," by State of Michigan, Department of Social Services.

24. Minnesota Survey.

24.(a) Major Laws on Child Abuse and Neglect Which You May Find Useful, I. Reporting of the Maltreatment of Minors.

24.(b) Informational Bulletin #85-63, Permanency Planning Grants to Counties Act, Chapter 9, sec. 31, 69-75, 77, 1985 Special Session Laws of Minnesota.

24.(c) Information on Sexual Health And Responsibility Program, (SHARP).

24.(d) Cover letter sent with follow-up information from Jean Swanson Broberg, Child Protection Specialist.

24.(e) Information on program "Illusion Theater" to prevent child sexual abuse.

24.(f) Illustrative copies of Illusion Theater's "Licensing Newsletter" dated November 1985 and May 1986.

24.(g) Illusion Theater's "Dear Colleague" letter describing program, founded in 1974, to educate children and adults about sexual abuse prevention.

24.(h) Cover Letter from Dwaine R. Lindberg, Supervisor, Child Protective Services.

24.(i) Letter from Donna McNamara describes benefits of evaluation on Project TRUST in Rochester Minnesota.

25. Mississippi. Survey.

25.(a) Reports of suspected Abuse/Neglect, and Child Protective Services Procedures for Service Activity, Mississippi, Volume IV, Revised 03-01-82.

25.(b) "Child Abuse/Neglect" Definitions - Mississippi Code 1972 - as amended 1977, and Definitions of Child Abuse and Neglect with Guidelines.

25.(c) Chapter VII. Evaluation Procedures and Results.

25.(d) The Approach: Victim Peer Groups and Maternal Caretaker Groups.

25.(e) "Comprehensive Annual Social Services Plan," Program Year, October 1, 1984 to September 30, 1985. Mississippi State Department of Public Welfare.

26. Missouri Survey.

26.(a) "Investigation Handbook," from Division of Family Services Social Services.

26.(b) Senate Bill No. 470, 83rd General Assembly.

26.(c) "Alternative Care," Definitions, March 8, 1985.

26.(d) Child Abuse And Neglect Law, Chapter 210, Child Protection and Reformation.

26.(e) Memorandum regarding the Villa Maria Center, August 1985.

26.(f) Pamphlet entitled "Child Abuse Hurts Us All -- It's A Crime to Let It Continue," explains The Children's Place program.

26.(g) Cover Letter received from Joseph J. O'Hara, Director, Department of Social Services.

27. Montana Survey.

27.(a) Montana policy manual section CSD-ADM 101-4 ("Report on Child Protective Services Referral").

27.(b) Montana's Child abuse and neglect reporting law (Montana Code Annotated, Sections 41-3-101 through 41-3-1143: "Child Abuse, Neglect and Dependency").

27.(c) Montana policy section CSD-SS 201-1 ("Client Protective Services, Legal Base").

27.(d) Montana policy section CSD-SS 201-2 ("Client Protective Services, Philosophy"--includes Montana definition of child abuse and neglect).

27.(e) Montana policy section CSD-SS 201-1 ("Substitute Care for Children, Philosophy"--includes Montana definition of foster [substitute] care).

27.(f) Montana policy section CSD-SS 201-3 ("Child Protective Services, Reports of Child Abuse and Neglect").

27.(g) Montana policy section CSD-SS 201-4 ("Child Protective Services, Investigation of the Report").

27.(h) Montana policy section CSD-SS 201-6 ("Child Protective Services, Documentation of Investigation" -- includes requirement for use of Child Risk Assessment Instrument, SRS-CSD 120).

27.(i) CSD-ADM 107-90 pages 6 thru 9 -- includes Child Risk Assessment Instrument.

27.(j) Cover letter from Dave Lewis, Director, Department of Social and Rehabilitation Services

28. Nebraska Survey.

28.(a) Addendum to Question 10

28.(b) Cover Letter from Gina C. Dunning, Director, Nebraska Department of Social Services.

28.(c) 28-701 and 28-711 through 28-726.

28.(d) "Nebraska Department of Social Services Manual, 474 NAC 5-016: Child Protective Services (CPS)."

28.(e) Families/Family Therapists Report, October '84 - October '85."

28.(f) "Families/Family Therapists Report, October '85 - October '86."

28.(g) Cover letter sent with follow-up information from Rose Meile, Coordinator, Home Based/Family Centered Services.

29. Nevada Survey.
29.(a) Nevada State Welfare Division Service Manual, Sections 417.4 - 417.6, June 21, 1984 and October 17, 1983.
29.(b) "Protection of Children from Abuse and Neglect," Chapter 432B, pp. 15401- 15424.
29.(c) Nevada State Welfare Division Service Manual, Sections 306, 417.17, and 417.18.
29.(d) Cover Letter from Jerry Griepentrog, Director, Department of Human Resources, State of Nevada.

30.New Hampshire Survey.
30.(a) DCYS - Bureau of Children: Intake Process; Protective Investigations; Family Services Program, 7/85.
30.(b) Appendix 1, Selected Extracts from RSA 169-C and RSA 170-G, Reporting Neglected and Abused Children.
30.(c) 1984 Annual Report on Child Abuse and Neglect in New Hampshire.
30.(d) Division for Children and Youth Services FY 86, 87 and 88, October 1, 1985, Page CY-V.
30.(e) Establishment of DYCS/Law Enforcement Protocols and DCYS Policy, Communication dated May 29, 1986.
30.(f) "1985 Annual Report on Child Abuse and Neglect in New Hampshire."
30.(g) Opinion of The Supreme Court of New Hampshire regarding the "Petition of Lana and Leon Bagley, July 9, 1986"
30.(h) Inter-Department Communication regarding: The Letter to Alleged Perpetrators, the Proposed Fair Hearings Rules, and DCYS Forms 281 and 282. Dated October 13, 1986.
30.(i) Cover letter sent with follow-up information from Rosemary Shannon, Child Abuse Prevention Specialist, Division for Children and Youth Services.
30.(j) Information on the State's "Familystrength" program.
30.(k) "Familystrength's First Anniversary Report"
30.(l) Draft Circulation - Foster Family Care Licensing Requirements, Communication dated June 4, 1986.
30.(m) Cover Letter from David A. Bundy, Director, New Hampshire Department of Health and Human Services, Division for Children and Youth Services

31. New Jersey Survey.
31.(a) Complaint; Investigation; Hearing; Order Making Child Ward of Court; Duration of Order; Extensions, 30:4c-12.
31.(b) Abused Child; Child Abuse Defined, 9:6-8.9., and Reports of Child Abuse, 9:6-8.10.
31.(c) Title 30, Chapter 4C, Dependent And Neglected Children, Article 1. Construction, Definition, Powers, Duties and General Provisions, includes definitions of foster care and foster home.
31.(d) Field Operations Manual II C 2401, Legal Definitions of Abuse and Neglect.
31.(e) Field Operations Manual II C 1200, Reporting to the County Prosecutor.
31.(f) Field Operations Manual II C, DYFS Social Work Guidelines of Abuse and Neglect.
31.(g) Field Operations Manual II C, Appendices - DYFS Form 26-60 Risk Assessment Matrix.
31.(h) Reports of Child Abuse, 9:6-8.10. and 9:6-8.13 and 14.
31.(i) "Dictionary of Programs, Services, and Activities, Office of Policy, Planning and Support, July 1986.
31.(j) Cover letter sent with follow-up materials from Sheldon Presser, Supervisor, Office of Planning and Reporting.

31.(k) Cover Letter received from Geoffrey S. Perselay, Acting Commissioner, Department of Human Services.

32. New Mexico Survey.

32.(a) Referral and Referral Form (Protective Services to Adults and Children).

32.(b) Investigation and Investigation Form.

32.(c) Duty to report child abuse and neglect; penalty for failure to report, 1985 Supplement, 32-1-15.

32.(d) "Family Based Services".

32.(e) "Conclusions", Evaluation of Nebraska's Intensive Services Project.

32.(f) "All Faiths Parent Aide Program", Volunteer Handbook and Application.

32.(g) "Children's Code," 32-1-3. Definitions.

32.(h) Cover Letter from Juan R. Vigil, Secretary, New Mexico Human Services Department

33. New York Survey.

33.(a) New York State Social Services Law, Title 6, Child Protective Services.

33.(b) Child Abuse Prevention Act of 1985 (Chapters 676 and 677).

33.(c) Child Protective Services, Program Manual, Chapter IV, Section D, December 1985.

33.(d) "Foster Care Services For Children: Definition."

33.(e) "Social Services Law, S-358-a. Standards of payment for foster care."

33.(f) Informational Letter (83 INF-18), Child Abuse and Maltreatment: Allegations and Determinations.

33.(g) Estimates of 1986 expenditures, residential and community.

33.(h) Child Welfare Services (excluding F.C.).

33.(i) "Day Care Funding, Adoption Subsidy"

33.(j) Cover letter received with follow-up information from Nancy Martinez.

33.(k) Information on New York State's "Infant Health Assessment Program (IHAP)," included in cover letter from Peggy Patton, IHAP Coordinator, Maternal Child Health Consultant Nurse.

33.(l) Cover letter received from The Honorable Mario Cuomo, Governor, State of New York.

34. North Carolina Survey.

34.(a) Attachment for question 15; two major barriers to implementing current services.

34.(b) "North Carolina Child Abuse and Neglect State Grant, 1981-85."

34.(c) "State of North Carolina: Selected Statutes from the Juvenile Code Pertaining to Child Abuse and Neglect." 10/85.

34.(d) Article 1A: Control Over Child Placing and Child Care, pp. 556-557.

34.(e) DDS Administrative Letter No. FFCS 3-86 dated September 30, 1985, signed by John Syria.

34.(f) 161-11.1. Fees for Children's Trust Fund.

34.(g) Article 10, Prevention of Child Abuse and Neglect. (creation of Children's Trust Fund as a means to that end).

34.(h) Children's Trust Fund Proposals. (Memorandum from Craig Phillips to Child Abuse and Neglect Prevention Advocates, January 1986.)

34.(i) The Children's Trust Fund: A Report To The Join Legislative Commission on Governmental Operations, February 1986.

34.(j) Cover Letter from Phillip J. Kirk, Jr., Secratary, North Carolina Department of Human Resources.

34.(k) "The Adolescent Parenting Program." 8/85.

34.(l) "The Children's Trust Fund: Annual Report, October, 1985."

35. North Dakota Survey.
35(a) Chapter 50-11, Foster Care Homes for Children and Adults.
35(b) Chapter 50-25.1, Child Abuse and Neglect.
35(c) "Child Abuse and Neglect, It Happens in North Dakota."
35(d) "Red Flag Green Flag People," a prevention coloring book inspired by the Child Victims the Rape and Abuse Crisis Center and by the Touch program.

36. Ohio Survey.
36.(a) Elaboration of question 3a submitted.
36.(b) Elaboration of question 3b submitted, explains problems with Ohio's reporting abuse and neglect procedures during the years of 1982 thru 1984.
36.(c) Definitions of Child Abuse and Neglect.
36.(d) Child Abuse and Neglect, 5101:2-35-04.
36.(e) Page's Ohio Revised Code Annotated, 2151.421.
36.(f) Elaboration of question 8 submitted.
36.(g) Explanation of Initiative's 1 and 2 ; "Protection of Children in Institutional Care" Project, and Development of policies, procedures, and manual material to assist in the implementation and on-going operation of OAC 5101:2-35.
36.(h) "Protection of Children in Institutional Care" Project, April, 1984 thru September 30, 1984, Final Report.
36.(i) "Programs for Children, Youth, and Families," Chapter 2000, Section 2427, (definition of Foster Care).
36.(j) Cover letter received from Patricia K. Barry, Director, Ohio Department of Human Services.

37. Oklahoma Survey.
37.(a) Child Welfare Services, Child Abuse/Preventive Services, Section 620 - 635.42.
37.(b) "Protective Services Handbook."
37.(c) Child Abuse/Neglect Priorities.
37.(d) Annual Summary of Child Welfare Services, FY 10-1, 1981 to 9-30, 1982.
37.(e) Annual Summary of Child Welfare Services, FY 10-1, 1982 to 9-30, 1983.
37.(f) Annual Summary of Child Welfare Services, FY 10-1, 1983 to 9-30, 1984.
37.(g) Annual Summary of Child Welfare Services, FY 10-1, 1984 to 9-30, 1985.
37.(h) State of Oklahoma, House Bill No. 1470.
37.(i) Oklahoma Commission on Children & Youth - 1985 Annual Report.
37.(k) 10 Oklahoma Statutes - S.601.1 Oklahoma Commission on Children and Youth Creation -- Membership.
37.(l) Cover letter from Thomas S. Kemper, Oklahoma Commission on Children & Youth.

38. Oregon Survey.
38.(a) Footnotes, Child Abuse And Neglect Survey, State of Oregon.
38.(b) Protective Services Manual No. IV, Description of Protective Service Assessment, 11/1/80.
38.(c) "Adult and Family Services: Corrections," Reporting of Child Abuse, Pages 140 thru 143, and page 150.
38.(d) "Issue: Family Violence, A. Child Abuse And Neglect."
38.(e) "A Study of Intake to Child Protective Services," Children's Services Division, Department of Human Resources, State of Oregon, May 1985.

38.(f) Cover letter from Elizabeth Uchytil, Assistant Administrator, Office of Family Services.

39. Pennsylvania Survey.
39.(a) Child Protective Services Law.
39.(b) Children, Youth, and Families, Chapter 3700. Foster Family Care Agency.
39.(c) Pennsylvania Bulletin, Volume 15, Number 51, December 21, 1985, Part II - This part contains Department of Public Welfare regulations on child protective services -- child abuse.
39.(d) Pennsylvania Bulletin, Volume 15, Number 52, December 28, 1985, Part II - This part contains Department of Public Welfare regulations on child protective services -- child abuse.
39.(e) Parents Anonymous of Pennsylvania, Annual Report Fiscal Year Ended June 30, 1985.
39.(f) Parents Anonymous of Pennsylvania, Annual Report Fiscal Year Ended June 30, 1984.
39.(g) Parents Anonymous of Pennsylvania, Annual Report Fiscal Year Ended June 30, 1983.
39.(h) Parents Anonymous of Pennsylvania, Annual Report Fiscal Year Ended June 30, 1982.
39.(i) Information sent by Harrisburg's program, "Children's Play Room, Inc., includes: a staff evaluation, a evaluation by parents who attend, and an assessment completed by students of Messiah College." Cover letter from Barbara F. Adler, Administrator attached.
39.(j) Form sent by the "Children's Play Room, Inc." is entitled "Structured Learning Skill Checklist for Trainees." The Checklist is being experimented as a new tool for the "Play Room." Cover letter from Barbara F. Adler, Administrator, attached.
39.(k) Cover letter received from Shirley A. Walker, Acting Deputy Secretary, Department of Public Welfare.

40. Rhode Island Survey.
40.(a) 6.0 - Conclusion/Summary, (Rhode Island's method of substantiating child abuse and neglect reports).
40.(b) An Act - Relating to Abused And Neglected Children, 85-S 313, Introduced February 1, 1985.
40.(c) Department For Children and Their Families, Police Involvement in Child Protective Investigation.
40.(d) Comprehensive Emergency Services.
40.(e) Highlights Of The Findings, (Factors gleaned from evaluation of 4 Comprehensive Emergency Service programs in Rhode Island)
40.(f) Parent-Child Reunification Project, Kent County Mental Health Center.
40.(g) Title 40 - Social and Rehabilitative Services, Chapter 11.
40.(h) Cover letter received from Olga Antoniou, Assistant to the Director, Department for Children and Their Families.

41. South Carolina Survey.
41.(a) "Children and Family Services Policy and Procedure Manual," Chapter 7.
41.(b) "A Comprehensive Assessment of Child Protective Services in South Carolina," by The American Humane Association, June, 1984.
41.(c) "Children's Coordinating Cabinet," Annual Report, 1985.
41.(d) "South Carolina Child Fatalities," the Report of the Child Fatalities Review Committee.

41.(e) Cover letter received from Shirley Fitz-Ritson, Director, Child Protective and Preventive Services.

42. South Dakota Survey.
42.(a) "Laws Relating to Protective Services," Child Protection Services Procedures Manual, Protective Services, 7/85.
42.(b) "Definitions and Responsibilities," Child Protection Services Procedures Manual, Protective Services, 7/85.
42.(c) "Investigation of Child Abuse/Neglect in Out of Home Care," Child Protection Services Procedures Manual, Protective Services, 12/85.
42.(d) "Permanency Planning in Alternative Care," Child Protection Services Procedures Manual, Family Foster Home Care, 7/85.
42.(e) Cover Letter from Timothy R. Koehn, Program Administrator, Department of Social Services, Office of Program Management, Child Protection Services.
42.(f) Letter from Merlin D. Weyer, Program Specialist, South Dakota Department of Social Services indicating the desire to edit information previously submitted on their survey.
42.(g) Replacement for page four, question five as described in 42.(c) above.
42.(h) "Definitions and Responsibilities," Child Protection Services Procedures Manual, 7/86, pages 9 - 63, cover letter from Merlin D. Weyer, Program Specialist, Department of Social Services included

43. Tennessee Survey.
43.(a) Chapter Six, Child Protective Services, Volume IV, February 1984.
43.(b) "Investigation of Child Sexual Abuse in Day Care," Volume IV, February 1986.
43.(c) Public Chapter No. 478, House Bill No. 495, An Act relative to certain victimized children and certain offenders, and to amend certain sections of Tennessee Code Annotated relative thereto.
43.(d) Part I - General Provisions, 37-1-102.
43.(e) Social Services Manual, Chapter 6, Appendix J, Investigations of Child Sexual Abuse.
43.(f) "Best Practices Manual."
43.(g) "Investigative Protocol," taken from "Child Sexual Abuse State Plan," Page 225.

44. Texas Survey.
44.(a) Chapter 34, Report of Child Abuse, Section 34.01 - 34.08.
44.(b) Pamphlet on Third Annual Governor's Conference on the Prevention of Child Abuse, September 18-19, 1986.
44.(c) Child Protective Services Specialist I & II.
44.(d) "The Who Program," A program to prevent the victimization of children and teenagers, pamphlet and program research and evaluation results received.
44.(e) "Family Outreach of America, Inc." - a program for the Prevention of Child Abuse and Neglect.
44.(f) "Texas Dept. of Human Resources," Section 6432, Licensed or Approved Child Care Facilities.
44.(g) Cover letter received from Marlin W. Johnston, Commissioner, Texas Department of Human Services.

45. Utah Survey.
45.(a) Cover Letter from The Honorable Norman H. Bangerter, Governor of Utah.
45.(b) Utah's Judicial Code, Chapters 3b through 3d, 1985-1986.

46. Vermont Survey.
46.(a) Cover Letter from Allen R. Ploof, Deputy Commissioner, Vermont Department of Social and Rehabilitation Services.
46.(b) No. 207, Act: Chapter 14 Abuse of Children. Also ammendments as passed by House and Senate.
46.(c) Chapter 34, Child Welfare Services: Subchapter 1, General Provisions, page 68.
46.(d) "Vermont Depatrment of Social and Rehabilitation Services, Division of Social Services: A Task Based System of Case Management and Supervision." Fifth Edition, July 1, 1985.

47. Virginia Survey.
47.(a) Virginia Department of Social Services, Protective Services, Volume VII, Chapter A, Page 18.
47.(b) Source of Complaint X Status, 1984 thru 1985.
47.(c) Virginia Acts of Assembly - Chapter (5 pages).
47.(d) Virginia Department of Social Services, Protective Services, 7/86, Volume VII, Section III, Chapter A, Page 2.
47.(e) Code of Virginia, Chapter 12.1, Child Abuse and Neglect Law.
47.(f) Virginia Department of Social Services, Protective Services, 7/86, Volume VII, Section III, Chapter A, Page 14.
47.(g) Final Report on the Preplacement Preventive Services Grant Evaluation, October 9, 1985.
47.(h) Evaluation of the Virginia Family Violence Prevention Program, November 7, 1984.
47.(i) Hugs and Kisses In-Service Presentation.
47.(j) Children, Virginia's Greatest Resource, Survival Tips for Parents and Kids.
47.(k) "The Family Crisis Center," Professionals and Volunteers Helping Parents in Stress - Pamphlet submitted.
47.(l) "The Family Crisis Center Volunteer Program, a program designed to help families involved in the physical, emotional, sexual abuse or neglect of children - pamphlet submitted.
47.(m) Yearly Comparisons of Child Abuse and Neglect Statistics.
47.(n) Pamphlet submitted on "Theatre IV," Outstanding Child Safety Programs from One of America's Most Acclaimed Youth Theatres.

48. Washington Survey.
48.(a) Chapter 26.44, Abuse of Children and Adult Dependent Persons-Protection-Procedure.
48.(b) 26.44.030, Reports--Duty and authority to make--Duty of receiving agency--Duty to notify.
48.(c) Report: Comprehensive Study of Children, Youth and Family Services," Final Report, August, 1983.
48.(d) Time Phasing, Exhibit A, Page 1, Supplement A.
48.(e) Time Phasing, Exhibit A, Page 1, Supplement B.
48.(f) Project Concept, "Program for Early Parent Support," Project Application (Exhibit A), Page 1 of 5.
48.(g) Project Concept, "Deaconess Children's Services," Project Application (Exhibit A), Page 1 of 5.
48.(h) Cover Letter from Jerome M. Wasson, Acting Director, Division of Children and Family Services.

49. West Virginia Survey.
49.(a) Human Services Law of West Virginia, John E. Burdette II, Commissioner, 1984.
49.(b) "Annual Report," The F.A.C.T., Child Abuse/Neglect Network of Kanawha County, West Virginia, Volume 4, June 1983 through June, 1984.

49.(c) University Affiliated Center For Developmental Disabilities, Diagnosis and Referral of Developmentally Disabled, Abused, and Neglected Children, Final Report, June 1985.
49.(d) University Affiliated Center For Developmental Disabilities, "Improving Local Educational Responses to Child Abuse and Neglect," March, 1986.
49.(e) West Virginia Committee For Prevention of Child Abuse Southern Chapter, Inc.
49.(f) Tyler County Child Abuse Prevention Program, Inc.
49.(g) Chapter 9,000, Child Protective Services, Social Services Manual.
49.(h) Appendix A, Child Protective Services, Social Services Manual
49.(i) Human Services Law of West Virginia, 1985 Supplement, Sharon B. Lord, Ph.D., Commissioner.
49.(j) Cover Letter from The Honorable Arch A. Moore, Jr., Governor.

50. Wisconsin Survey.
50.(a) Cover Letter from Mike Becker, Department of Health and Social Services.
50.(b) Appendix O, Wisconsin Statute 48.981: "Abused or neglected children"; effective July 20, 1985.
50.(c) 1985-86 Budget Implementation Memo: Department of Health and Social Services, Division of Community Services.
50.(d) Children's Trust Fund - description of.
50.(e) Program Forum Session: Comprehensive Programs, Tuesday, November 12.
50.(f) Program Forum Session: Physical Abuse & Neglect-Intervention/ Treatment, Monday, November 11.
50.(g) "1985 Wisconsin Child Abuse and Neglect Report."
50.(h) "Safe, Adventurous and Loving: A 4 Step Anti-Victim Training Process for Grown-ups to Teach Children."

51.Wyoming Survey.
51.(a) Foster Care Expenditures and Children Served, FY 1986.
51.(b) Foster Care Expenditures and Children Served, FY 1985.
51.(c) Statistics 1981 thru 1985; Department of Health & Social Services - Child Abuse & Neglect.
51.(d) Rules & Regulations Governing Child Protective Services, February 1986.
51.(e) State Plan Social Services in Wyoming, Octoberg 1, 1985 - September 30, 1986. (In response to question 14)
51.(f) Cover letter from John B. Steinberg, Department of Health & Social Services, Children & Family Services Unit.

ADDITIONAL VIEWS OF HON. DAN COATS, RANKING MINORITY MEMBER; HON. THOMAS J. BLILEY, JR.; HON. FRANK R. WOLF; HON. BARBARA F. VUCANOVICH; HON. JACK F. KEMP; HON. GEORGE C.WORTLEY; HON. RON PACKARD; HON. BEAU BOULTER; HON. J. DENNIS HASTERT; HON. CLYDE C. HOLLOWAY; HON. FRED GRANDY

ABORTED CHILDREN IN AMERICA: VICTIMS OF LEGAL ABUSE

Every year more than one and a half million American children suffer a violent and often painful death at the hands of men and women who are responsible for their care. (1) Every day, more than 4,000 helpless children are burned, dismembered, poisoned, crushed and suffocated -- all for the unforgivable crime of being "unwanted." Yet, tragically, a large number of Americans (including many who have unwittingly allowed their children to be destroyed) have never learned the whole truth about abortion.

Since the 1973 Supreme Court decision overturning laws in all 50 States and legalizing abortion throughout all nine months of pregnancy, over 18 million children have been killed. (1) That is thirteen times the number of Americans killed in all major wars since 1776 (See Figure 1). Were a memorial, similar to the Vietnam Memorial, to be constructed with the names of all American children killed through abortion since 1973, it would have to be as tall as the Washington Monument and half a mile long.

Each year about 750 thousand children are killed within the first eight weeks of gestation.* (2) Most women have no notion of their pregnancy before the fifth week of gestation, and will not confirm their suspicions until some time later. But by the fifth week, the baby's heart has already begun to beat and, by the end of the sixth week, the baby already has brain waves. (3) Though a woman may not

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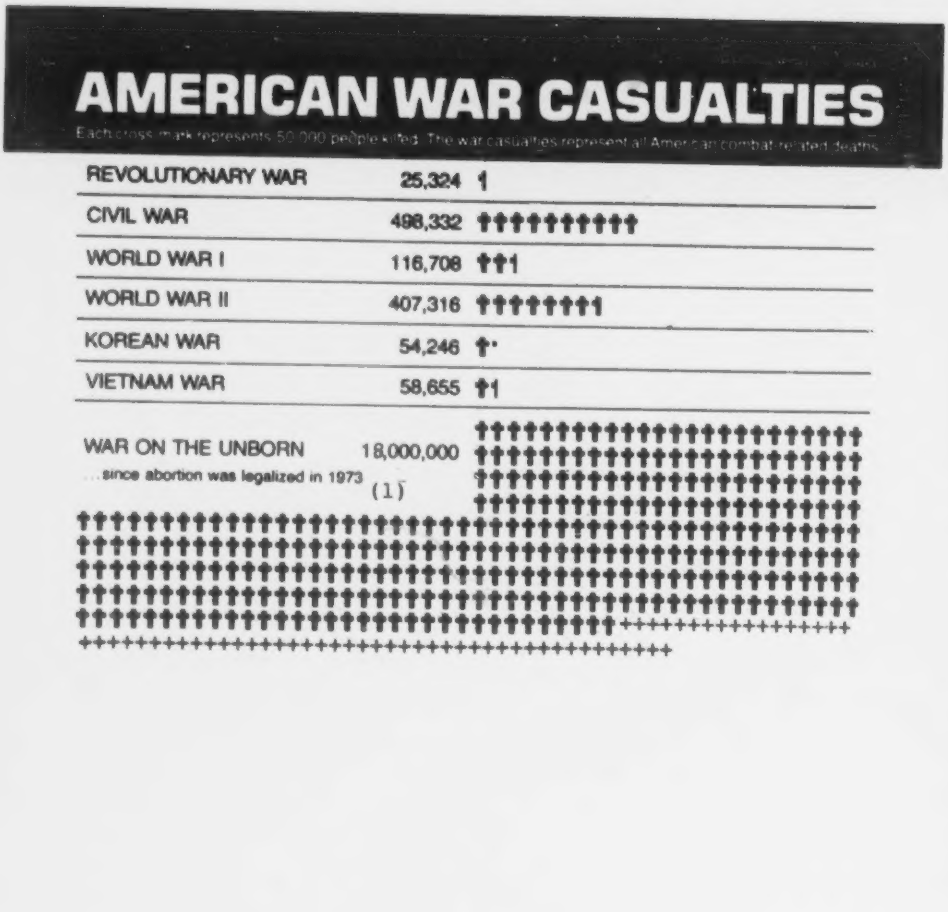
* Gestation is measured from the first day of the mother's last menstrual period.

FIGURE I


AMERICAN WAR CASUALTIES
Each cross mark represents 50,000 people killed. The war casualties represent all American combat-related deaths.
REVOLUTIONARY WAR 25,324
CIVIL WAR 498,332
WORLD WAR I 116,708
WORLD WAR II 407,316
KOREAN WAR 54,246
VIETNAM WAR 58,655
WAR ON THE UNBORN 18,000,000
...since abortion was legalized in 1973
(1)

feel any motion until about the fourth month, her baby is capable of vigorous movement early in pregnancy. He will also respond to outside stimulus:

> In the sixth to seventh weeks... If the area of the lips is gently stroked, the child responds by bending the upper body to one side and making a quick backward motion with his arms. This is called a "total pattern response" because it involves most of the body, rather than a local part.
>
> Leslie B. Arey, Developmental Anatomy

After the eighth week, the baby has all the internal organs of the adult in various stages of development. It has buds for 20 milk teeth, its own unique fingerprints, and even its sex and reproductive organs have begun to sprout. (3,4)

More than 400 thousand children are killed annually during the ninth and tenth weeks of gestation. (2) By the end of the tenth week, the baby can suck her thumb, turn somersaults, jump, squint, swallow, and move her tongue. Her sex hormones are present and 95% of the known structures, features and organs are in place. Her thyroid and adrenal glands are functioning. (3)

Another 190 thousand children are killed during the eleventh and twelfth weeks of gestation. By this time, the baby's features have refined. His lungs have begun to work. (5) He develops them by "breathing" the amniotic fluid which surrounds him. His sense of taste has developed as well. Experiments show that when the amniotic fluid is sweetened the child drinks more of it, if it is made sour, he will drink less. (6)

More than 80 thousand children are killed every year during the thirteenth through fifteenth weeks of gestation (See photograph A).

PHOTOGRAPH 'A' CHILD IN THE WOMB AT 14 WEEKS GESTATION

WITH PERMISSION, ABORTION: QUESTIONS
& ANSWERS, WILLKE HAYES PUBLISHING CO.,
CINCINNATI, OH

By the thirteenth week, all of the baby's bodily systems are functioning. (4) The heart is complete. Blood cells, now produced by the liver and spleen, will soon be produced by the bone marrow. The white blood cells, which provide immunities, are now being formed in the lymph nodes and thymus. (7)

The procedure used to destroy the overwhelming majority of these children is called suction aspiration. This method uses a suction instrument with a knife-like tip. The child is dismembered, torn to pieces by the suction tip, and then one by one her limbs are sucked away, followed by her head and finally the placenta. If the child's head is too large for the suction instrument, it must first be crushed by a polyp forcep. After the abortion, a nurse is responsible for piecing together again the child's lifeless body in order to determine that all parts have been removed from the womb.

The Silent Scream

In 1984, Dr. Bernard Nathanson filmed a suction abortion performed on a 12-week old child.* Through the use of ultrasound imaging we have been enabled to witness abortion from the victim's point of view. Ultrasound imaging is used by doctors every day to help them treat their young patients within the womb, but the "Silent Scream" represents the first attempt to use this technology to tell the truth about abortion. Even Dr. Nathanson's narrative describing the events shown on the ultrasound screen help us to better understand the violent nature of abortion. Part of that narrative follows:

> We are now looking at a sector scan of a real time ultra sound imaging of a 12 week unborn child... You are looking now at the head of the child here, the body of the child here and this image

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* 12 weeks gestational age, which equals 10 weeks from fertilization.

is the child's hand approaching its mouth. Looking a little more closely at the child, we can discern the eye, or the orbit of the eye here, the nose of the child here, the mouth of the child here, and we can even look at the ventricle of the brain here. This is a fluid filled space in the brain. We see the body of the child here with the ribs in silhouette and the spine of the child at the back. This rather granular area of tissue at the top of the sector appears to be the placenta, or afterbirth, of the child. And we can begin to see down here the thighs, the lower extremities of the child coming off the body in this manner. Now, let's move the action. We now see the heart beating here in the child's chest. The heart is beating at a rate of approximately 140 a minute. And we can see the child moving rather serenely in the uterus. One can see it shifting position from time to time. It is still oriented in this manner, and the mouth is receiving the thumb of the child, the child again is moving quietly in its sanctuary. Now this shadow which we are seeing down at the bottom of the screen is the suction tip. We have colored the suction tip deliberately in order for you to discern it more clearly. But the abortionist has now dilated the cervix and is now inserting this suction tip which you can see moving back and forth across the screen. You will note, that as the suction tip which is now over here, moves toward the child, the child will rear away from it and will undergo much more violent, much more agitated movements. The child is now moving in a much more purposeful manner. Its orientation changes from time to time, it is rearing again here. Now the suction tip has not actually touched the child, even though the child is extremely agitated, and moving in a violent manner. The child has now moved back to the profile view and the suction tip is flashing once again across the screen. The child's mouth is now open and we will see that again on a freeze frame in a moment. But this suction tip, which you can see moving back and forth on the bottom of the screen is the lethal instrument which will ultimately tear apart and destroy the child. It is only after the fluid has been broken, the sac has been disrupted, that the tip will actually come against the child. But we can see the tip moving back and forth as the abortionist seeks the child's body. Once again we see the child's mouth wide open in a silent scream in this particular freeze frame. This is the silent scream of a child threatened imminently with extinction. Now the heart rate has speeded up dramatically and the child's movements are violent at this point. It does sense aggression in its sanctuary. It is moving away, one can see it moving to the left side of the uterus in an attempt, a pathetic attempt, to escape the inexorable instruments which the abortionist is using to extinguish its life. Now the heart has again perceptibly speeded up. We can time this at approximately 200 beats per minute... The membrane has now been punctured and the fluid escaped. One no longer sees that large reservoir of fluid surrounding the child. But once the fluid has been drained off the suction tip has now been firmly clamped to the child's body, and the child is being pulled in a downward direction by the abortionist's suction tip with a negative pressure applied to it and the body is now being torn systematically from the head... The lower extremities have already been lost and we see the suction tip flashing from time to time in the screen as a typhoon like series of echoes, and the child is being tugged back and forth, as the suction tip has now been applied to the body and the abortionist is exerting his traction on the child in this manner. The child's head is still discernable here. The body is no longer discernable. It has been torn from the head. What we see now is the head itself with what is called the midline echo of the head and the

> spicules or fragments of bone. Now this head, which I am outlining here, on this twelve week old child is simply too large to be pulled in one piece out of the uterus. The abortionist is going to have to employ this instrument, the polyp forcep in an attempt to grab the head. The abortionist will attempt to crush the head with this instrument, in this manner, and remove the head piecemeal from the uterus. The abortionist and the anethesiologist have a secret language between them which shields them from the grizzly reality of what is going on. The abortionist and the anesthesiologist together refer to the head of this child which is now being sought, as number one. And the anesthesiologist will inquire of the abortionist, "Is number one out yet? Are we finished?" We now see, intermittently, the shanks, or blades, of this instrument appearing in the image here. The head tends to float freely in the uterus, here are the shanks or blades of the instrument coming across here, and the head is now being locked on by this polyp forcep and the head is being pulled down towards the cervix. Now all we see remaining are simply the shards, the broken fragments, the pieces of tissue which document that there was once a living defenseless tiny human being here.
>
> "The Silent Scream"
> American Portrait Films, 1984

The physician who performed the abortion recorded in "The Silent Scream" was a young man who was working in two different abortion clinics, and had already performed close to 10,000 abortions in his life. When attending the editing session, he had to leave the room momentarily. He returned to finish editing the film, but never again performed another abortion. Dr. Nathanson, himself, was no stranger to abortion before filming "The Silent Scream." He was one of the founders of the National Abortion Rights Action League in 1969, and for two years was director of the largest abortion clinic in the Western world.

Late-term Abortions

Abortion supporters try to minimize the number of second and third trimester abortions performed every year by claiming that these make up only a small percentage of all abortions. Indeed, only 3.8% of all abortions are performed during the sixteenth through twentieth weeks of gestation and only 1.1% are performed after the twentieth week. (8) But these percentages are deceiving. In fact, 3.8% of 1.6 million abortions represents 60,800 young lives every year; 166 children every day. And 1.1% of all abortions equals 17,600 children a year; 48 each day. By no method of accounting can we consider these numbers insignificant. With 29 states reporting, the Select Committee's survey on child abuse found 625 child abuse fatalities in 1984 and 587 in 1985. If these hundreds should claim our attention (and we believe they should) how much more should we be concerned about the tens of thousands of children tortured and killed through late-term abortions?

By the twentieth week, the midpoint of pregnancy, a mother can plainly feel the punches and kicks of her young child. During the four preceding weeks, the child has been growing, developing his finer features such as fingernails, eyelashes and eyebrows, and exercising his muscles and other organs (4,5). He has a full set of vocal cords and though he goes through the motions of crying, cannot make sounds without air. (4) Dr. Alfred W. Liley, in testimony before the Senate Judiciary Committee in 1976, told of an experiment in which air was introduced into the amniotic sac of an unborn child (second or early third trimester). When the baby's mouth came into contact with the air, his cries were clearly audible. (3,5)

A full term pregnancy lasts 40 weeks. Viability 30 years ago was at 30 weeks. Today, however, children as young as 20 weeks can survive a premature birth. (5) Some even survive the attempts on their lives before birth, and cause the "dreaded complication" of a live birth. However, the number of live birth abortions has decreased in recent years due, at least in part, to the use of more lethal methods of abortion. According to an 1984 article in Family Planning Perspectives, "...second-trimester abortion techniques have shifted from those in which a live birth may be possible, such as hysterotomy or instillation, to D&E, in which it is not."

In a D&E (Dilitation and Evacuation) abortion, the child is dismembered and torn to pieces within the womb. The cervix is dilated to permit insertion of a loop shaped steel knife. Because the baby's bones are already well developed and calcified, forceps must also be used to grasp part of the baby, to twist and tear her body while the steel knife cuts through the softer parts. Obviously, this procedure allows for no live births, regardless of how old or well-developed the child.

By far the most common method for late term abortions, however, is the saline instillation abortion. Twenty-nine percent of abortions performed during the sixteenth through twentieth weeks, and fifty-eight percent of those performed after twenty weeks are saline abortions. (8) Live births from this kind of abortion are possible, but rare, because the child has been poisoned and burned to death before she emerges from the womb.

In a saline abortion, a long needle is inserted through the mother's abdomen and a strong salt solution is injected into the amniotic fluid. The child "breaths" and swallows the fluid, and is slowly poisoned by it. In the meantime, the salt solution burns layers of the child's tender skin, causing her to thrash about violently in her mother's womb. She dies a slow and painful death. About a day later, her mother goes into labor and expels a dead and shriveled baby. (5,9) Saline abortions are performed about 78 times a day on children 16 weeks and older, and 28 times a day on children older than 20 weeks. (1,2)

Abortion and Child Abuse

Abortion has at various times been offered as a solution to the problem of child abuse. In light of what we know about the development of the child in the womb and the violent, painful death inflicted by abortion, this suggestion seems as absurd as it is grotesque. The "solution" offered by abortion is that of killing the child before society can see her, while she is still hidden away in the sanctuary of her mother's womb. In effect abortion proponents tell us, "If you cannot see the child's pain, it does not exist. If she is not your child, you have no right to say whether she shall live or die."

Ironically, this attitude about abortion comes at just the time that a very similar attitude, one long fought by child protection workers, is dying out. Misunderstanding about the rights of the family has in the past proved a barrier to protecting children in genuinely abusive situations. Vigorous public awareness campaigns by child welfare and protection organizations have virtually eliminated that barrier. The general public is usually able to distinguish between the legitimate rights of families to raise their children and the public duty to intervene when families set about to destroy those children. But the "logic" of abortion turns this common sense on its head.

Studies of abusive families have shown that between 91% and 96% of those families wanted the children whom they subsequently abused. One study (Lenoski, 1973) reports that abusing parents had been more eager for children than the non-abusing control group. A more recent analysis of factors causing child abuse concludes simply that a child's "wantedness" seems to have no relationship to subsequent abuse.

> Abused children are not basically the consequence of unwanted pregnancies. (Kotelchuck, 1982)

Based on our current knowledge, the factors most likely to produce abuse include history of maternal stress, familial contemporaneous stress, maternal psychopathology, and child factors such as illness, temperament, etc. (Franz,1982). But these familial factors account for less than 50% of variance between abusing and non-abusing families (Kotelchuck, 1982). Parke (1982) has argued that culture probably contributes to abuse by providing a context in which violence is an acceptable outlet for stress.

In testimony before the Committee on Energy and Commerce, Wanda Franz argued that the similarity between abortion and other forms of child abuse should not be ignored. She explained that both:

1) are acts of violence precipitated by personal needs;
2) diminish the value of children and lead to a breakdown in attachment between parents and their children;
3) lead to guilt in the parent, which leads to lack of self-esteem and feelings of failure.

Conclusion

The Select Committee performs a valuable service to our nation's children and families when it fairly and courageously examines the problems facing America's children. But no problem we have yet studied has the devastating impact on our children or our nation as the problem we have until now avoided: abortion in America.

American parents, whose duty it is to protect and nurture the innocent and helpless human beings in their care, now destroy their children at a rate of 1.6 million per year. Placed in situations of desperation and confusion, mothers and fathers are not told the whole truth about abortion. The eloquent testimony of Nancyjo Mann, founder of the national organization, Women Exploited By Abortion, expresses to us some of the pain of those who have aborted their children:

> I would say that at least 80-90% of my mail is from women who are hurting, and the line that I see written over and over again is, "If one person had just told me," or "If I only knew then ..."
>
> I want to know why ... is everybody afraid of true informed consent. Why are people so afraid to let women know what truly could and will probably happen to them. What stage their baby is at.

As representatives of the American people and as members of a committee charged with examining the dangers to America's children and families, we have a solemn duty to tell Congress and the nation the truth about abortion. We have an obligation to educate our fellow Representatives about the humanity of the child in the womb and the right to life of all human beings. It is our right and our duty. Our credibility as spokesmen for America's children, youth and families depends upon the faithful execution of that duty.

DAN COATS,
  Ranking Minority Member.
FRANK WOLF.
JACK KEMP.
RONALD PACKARD.
DENNIS HASTERT.
FRED GRANDY.
THOMAS BLILEY, Jr.
BARBARA VUCANOVICH.
GEORGE C. WORTLEY.
BEAU BOULTER.
CLYDE C. HOLLOWAY.

Footnotes

(1) Estimates derived from Stanley K. Henshaw, Jacqueline D. Forrest, Elaine Blaine, "Abortion Services in the United States, 1981-1982," Abortion Services in the United States, Each State and Metropolitan Area, 1981-1982, Vol. 16, No. 3, May-June 1984.

(2) Estimates derived from Centers for Disease Control data, 1985.

(3) Richard D. Glasow, "'The Silent Scream,' Documenting Abortion from the Victim's Perspective," 1985.

(4) "Life Before Birth," Life Magazine reprint, 1965.

(5) Jack C. Wilke, Barbara Wilke, Handbook on Abortion, 1979.

(6) Gary Bergal, "When You Were Formed in Secret," 1986.

(7) Mirjam Furuhjelm, Axel Ingelman-Sundberg, Claes Wirsen, A Child Is Born, Delacort Press/Seymour Lawrence, 1977.

(8) "Abortion Surveillance," Centers for Disease Control, November 1985.

(9) Nancyjo Mann, Testimony before the Subcommittee on Health and the Environment, U.S. House of Representatives, June 28, 1983.

DISSENTING VIEWS OF HON. DAN COATS, RANKING MINORITY MEMBER; HON. THOMAS J. BLILEY, JR.; HON. FRANK R. WOLF; HON. NANCY L. JOHNSON; HON. BARBARA F. VUCANOVICH; HON. JACK F. KEMP; HON. GEORGE C.WORTLEY; HON. RON PACKARD; HON. BEAU BOULTER; HON. J. DENNIS HASTERT; HON. CLYDE C. HOLLOWAY; HON. FRED GRANDY

Summary Findings

* Child abuse is a serious and complex social problem.

* The interpretation of the data and the selectivity of the reporting are the factors causing the Minority dissent.

* The report is a compilation of state reporting statistics that yields a limited state snapshot of the tragedy of child abuse and neglect in America. As a snapshot, it is a very useful document.

* It should be emphasized that no standard definition of child abuse and neglect is adhered to by the States.

* The report confuses incidences of child abuse and neglect with reports.

* The report downplays a very important concern: less than half of all child abuse and neglect reports are substantiated.

* The rise in reports between 1981 and 1985 could be interpreted as the result of the increase in public awareness. It may be the case that a rise in incident rates indeed occurred, but that is not possible to determine from the data.

* Many States reported that changes in the reporting laws accounted for the increase in reports.

* We believe that we are not doing enough to strengthen family ties that would help prevent child maltreatment.

* There is some good news in terms of Federal and State responses. Overall, the analysis of the Federal, State and Local funding during 1981-1985 shows, in constant dollars, a $37.7 million increase in public resources targeted for child abuse prevention and treatment. This represents a 1.9% increase.

* The report does not discuss the causes of child abuse.

* The most typical case of child maltreatment is not physical abuse or sexual abuse, but neglect.

* Many states have initiated some very creative programs in response to the high rates of child abuse reports: parent education programs, homemaker services, parent aides, respite care and crisis nurseries are all programs that are receiving additional state funds.

* We cannot over-emphasize the importance of the finding that existing legal and administrative structures continue to obstruct child protective services.

* The state "fact" sheets represent the responses of the employee(s) assigned to officially answer the survey. As such, the "facts" are subject to response bias in terms of the State's own agenda, especially with regard to budget items.

Introduction

Child abuse is a serious and complex social problem. This report deals with one limited aspect of the problem, state reporting and the resources required to investigate abuse allegations.

The Minority worked closely with the Majority on the formulation of the survey questions and on the initial data analysis. Thus, the Minority is familiar with these two aspects of the report and generally comfortable with the specific questions asked of the states and of the analysis of the data collected.

Let us be clear that we do not dissent on the seriousness of the problem but on the implication that this report comprehensively lays out the issues on a state by state basis.

The interpretation of the data and the selectivity of the reporting leaves the Minority in the dissenting position.

We do not dispute the fact that child abuse reports are on the increase or that there is continued need for Federal involvement. We acknowledge that child maltreatment, in all of its forms, is a family tragedy that necessitates intervention to protect the vulnerable.

I. Is the Problem of Child Abuse and Neglect Increasing?

The report asserts that it "confirms in detail...the increasing tragedy of child abuse." However, in fact, the data collected is inadequate for confirmation of any aspect of this complex issue. The report does not confirm the increasing incidence of child abuse and neglect. However, the report is a compilation of state reporting statistics that yields a limited state snapshot of the tragedy of child abuse and neglect in America. As a snapshot, it is a very useful document.

The snapshot is limited in several ways: The state "fact" sheets represent the responses of the state employees assigned to officially answer the survey. As such, the "facts" are subject to response bias in terms of the states' own agenda. The survey questions required the state employee to make a judgement or to render an opinion about issues central to the themes of this report.

The point here is that while child abuse reports may be increasing and this may be interpreted as increasing incidents of abuse, a direct link between reports and incidents has not been "confirmed" as this report would lead one to believe. A recent report by the American Humane Association underscored this point: "What is not possible to propose is that there is a direct correlation between reporting rates and actual incidences of maltreatment" (American Humane Association, "Highlights of Official Child Neglect and Abuse Reporting 1982," 1984, p.3).

The increase in reports may reflect a rise in child abuse or it may be an artifact of increased public awareness campaigns or a function of the rise of single parent families. There are several reasons why reports may be increasing, but we do not know for sure that the increase in reports means that there is more child abuse today than before the enactment of the Child Abuse Prevention and Treatment Act of 1974.

A nationwide survey comparing the rates of physical violence against children and spouses in 1975 and then again in 1985 showed that physical child abuse decreased by 47% (Straus, M.A. and Gelles, R.J., "Societal Change and Change in Family Violence From 1975 to 1985 as Revealed by Two National Surveys." Journal of Marriage and the Family, v. 48 Aug. 1986: p. 465-479).

While the differences between 1975 and 1985 could have been produced by a number of different factors, and the authors offer several interpretations of their data, they clearly state: "The results of our research are indeed controversial. The decline in reported rates of severe and abusive violence are in stark contrast to continued findings that the number of child abuse reports has increased each year. Yet, these two findings are not incompatible. It is possible that as more cases of child abuse are officially treated, the actual rate of inflicted abuse may be declining. It would have been a sad finding indeed if a decade of family change, increased public awareness, and improved prevention and treatment programs had produced no change, or worse still, an increase in the amount of abusive violence reported by parents. It may be too much to ask professionals and a public overwhelmed by the sadness and anger of child abuse to accept good news; yet, based on the analysis of our two national surveys of family violence there is evidence that the rate of severe violence toward children has declined." (Gelles, R.J., "Is Violence Toward Children Increasing? A Comparison of 1975 and 1985 National Survey Rates." The Networker, Vol. VII, No. 3, Spring 1986, P.1,3).

It is not our intention to debate the merits of the Straus and Gelles work but merely to point out the complexity of the problem of determining the extent of child abuse and the conflicting studies concerning the problem of magnitude.

A. Definition Problems

Nowhere in the report is there a discussion of how each state defines child abuse, neglect, and sexual abuse. What are the reportable conditions? The wide variance in definitions makes any across state or nationwide data less meaningful. (For a complete discussion of this point, see CRS the memo page 5.)

It should be emphasized that no standard definition of child abuse and neglect is adhered to by the States. Many laws dealing with child maltreatment employ broad and subjective definitions, covering such situations as "an environment injurious to the child's welfare" or where the parents are "unfit to properly care for the child." Such definitions make it difficult for those required to report abuse and neglect to know when to do so, and can lead to inflated statements. (Besharov, D., "An Overdose of Concern: Child Abuse and the Overreporting Problem," 9 Regulation 25-28, Nov./Dec., 1985)

In short, "many assume that since child abuse and neglect are against the law, somewhere there are statutes that make clear distinctions between what is and what is not child abuse and neglect. But this is not the case. Nowhere are there clear cut definitions of what is encompassed by the terms." (Giovannoni and Becerra, Defining Child Abuse, New York: The Free Press, 1979, p.2).

B. Reporting Problems

The report confuses incidences of child abuse and neglect with reports (see pp. 10, 11). Child abuse is thought to be both under and over reported. Some experts think that reported cases represent only 1/3 to 1/5 of the actual total. (CRS Rept. 86-966 EPW, "Child Abuse: Incidence and the Federal Response," October 27, 1986).

The number of abuse allegations that are not substantiated or "unfounded" is estimated to be as high as 65% (see Besharov, 1985). Whatever the actual rate of unsubstantiation, most child abuse experts agree that over-reporting places a strain on the resources of the child protective agencies and prompts unwarranted intervention into family life.

Under-reporting of child abuse is a problem that is ignored in the report. However, in a study conducted by the Department of Health and Human Services, it was estimated that 68% of the children identified by the report as meeting the definition of an abused or neglected child were not reported. Not reporting cases of child abuse results in the failure to provide much needed services to both the child victim and the family. (Meriweather, "Child Abuse Reporting Laws: The Problem of Definition", Family Law Vol.20 #2, Summer, 1986, p.141)

To ignore the complexities of reporting problems by equating incident rates with reports is to fail to accurately portray the real tragedy of child abuse and neglect.

Several states cautioned the Committee not to confuse incident rates with reports.

Eleven states, in noting increased reporting, specifically attributed the increase in reports to increased public awareness and the majority of these 11 states stated that the increase in reports should not be interpreted as increases in actual incidences.

Illinois: "The State of Illinois has experienced over a 35 fold increase in reports during this ten year period. This increase is linked primarily to increased public awareness of child abuse and neglect, a more sophisticated reporting and response system and legislative and administrative changes to mandate reporting by many professionals. Some experts however, believe that at least a part of the 35 fold increase is a bona fide increase of actual incidence."

California: "Trends in the nature and extent of child abuse and neglect over the past decade cannot be determined from available information. The number of reports of abuse and neglect has increased, but this increase is generally believed to be the result of increased public awareness rather than attributable to an increase in maltreatment of children. However, no definitive study has been made to either confirm or deny this belief."

Florida: "I do not believe that actual incidence of abuse and neglect has increased but certainly there are more reports and much, much more public awareness."

Virginia: "The number of reports of child abuse and neglect have increased dramatically over the past 10 years. We attribute at least some of the increase to the efforts we have made in public awareness of the problem and the efforts toward awareness nationally. Additionally, as public and professional attention is focused on one type of abuse or another, a change in the number of reports in that type increase. A good example of that is the statistical changes noted in sexual abuse. While the number of reports has increased substantially, it is generally not felt that the actual abuse is increasing. The latest trend appears to be in emotional maltreatment. We are just beginning to see a focus on this type of abuse/neglect and statistics may show an increase in recognition by higher reported incidents."

C. Substantiation Problems

The report downplays a very important concern: less than half of all child abuse and neglect reports are substantiated. While there are several interpretations about why substantiation rates are low, the point here is that for whatever reason in less than half of the reports is abuse or neglect found to have occurred. And yet the report virtually ignores this point.

Table 11 compares substantiation rates by state between the years 1981 and 1985. However, the report should show that each state's definition of the circumstances that determine a substantiated case vary. There is no uniformity across the states on the condition of the child or the evidence needed to document if abuse has occurred. Moreover, given the enormous changes that have taken place in the field of child abuse prevention, it is unlikely that the substantiation definition has remained stable over time, rendering over time comparisons weak.

The report avoids discussion of an issue related to substantiation, and that is "unfounded" reports. There exists considerable controversy about what constitutes "unfounded" reports or "unsubstantiated" cases. The rate of false allegations is high and the reasons for this are not known. However, if states are labelling cases "unfounded" because services are not available or because of the lack of staff to investigate, then this is important information that ought to be discussed.

The report gives a definition of substantiation implying that there is uniformity among state definitions; however, this is not the case. The definitions range from the apparent "reasonableness" of the allegation to a detailed assessment of the behavior of the child. (From nothing to the clarity of Virginia):

> ARIZONA: "'Valid' means an allegation of neglect, abuse, dependency or exploitation received either in an initial report or during subsequent investigation which investigative facts, observations and professional judgments show to have a reasonable relationship between the allegation and acts of commission or omission by the alleged perpetrator."
>
> COLORADO: "Credible evidence is a documented incident which is a non-accidental act of commission that 'threatens the health or the welfare of the child.' The statutes define abuse/neglect as bruising, malnourishment, burns, sexual abuse or exploitation; and/or any case in which a child is in need of services because the child's guardian or custodian fail to take the same actions to provide food, clothing, shelter, medical care or supervision that a prudent parent would take. Factors such as a 'one time incident;' as 'unintentional action,' or the degree of severity are not determinants as to retention or expungement from the Registry. Unfounded report means any report made pursuant to this article which is not supported by some credible evidence."

HAWAII (by phone): "Substantiation occurs if there is - admission by perpetrator; medical evidence; evidence from investigation by law enforcement."

IDAHO: "A decision must be made as to whether the complaint seems reasonable." But no definition is given as to what will be considered "reasonable" other than, "it (the complaint) must be regarded as reasonable unless it is obviously without merit or inappropriate to the function of the department."

MASSACHUSETTS: No substantiation definitions as such but the worker is asked to "evaluate the household of the child named in the report and make a written determination of the risk of physical or emotional injury to any children in the household..."

RHODE ISLAND: "Assessing risk is a skill that cannot be wholly learned or prescribed...professional judgement plays a significant role in this decision." Rhode Island's final finding is based on "credible evidence."

VIRGINIA: "Confirming Abuse or Neglect -

a/ To confirm child abuse or neglect, the worker must assess a combination of all of the following:
  1. the objective, observable evidence
  2. the worker's subjective evaluation of the explanations for the objective data
  3. the worker's knowledge of the dynamics of child abuse and neglect as applied to these circumstances

b/ In making the assessment, the worker must take into account:
  1. the nature of the behavior of the alleged abuser/neglector
  2. the effect of that behavior upon the child
  3. the extent and seriousness of the injury

c/ In confirming that a complaint is founded or unfounded (reason to suspect case of child abuse or neglect), the worker must establish that two conditions are met and must document how they are met in the case record.
  1. Type of abuse or neglect
     The type of abuse or neglect must be one of the types found on a following page (not included). The situation must meet the definition. It is not sufficient for the situation to be one described in the guidelines.
  2. Other conditions
     One or more of the following conditions must also apply:
     a. there must be a pattern of abusive or neglectful behavior which results in harm to the child;
     b. the harm to the child is, or may be, severe or irremedial;
     c. the parent or caretaker refuses to take remedial action to correct the situation or to obtain appropriate treatment
     d. the parent or caretaker acknowledges that he/she caused harm to the child or gives an inadequate, unlikely, or inconsistent explanation for the child's condition.

D. Analyzing the Data Received

The Numbers in General: Increase in Child Abuse?

The report begins with Table 1 that shows that between 1981 and 1985 the number of reports of child abuse rose in each State except Wyoming. The text confuses incidences with reports in Table 1, 2, and 5. However, let us emphasize that the figures in these tables are reports--that is child abuse allegations, and not actual incidents of abuse.

The rise in reports between 1981 and 1985 could be interpreted as the result of the increase in public awareness. It may be the case that a rise in incident rates indeed occurred, but that is not possible to determine from the data.

(For a complete discussion of this point, see attached CRS memo, p. 15.)

Additional inconsistencies in Table 1 concerning the percent change in child abuse reports between 1981 and 1985 by state shows the complexities in interpreting the rise in child abuse reports to actual increases.

On footnote 3 on page 1 the report states: "Arizona child abuse officials attribute much of the increase to the institution in 1984 of a computerized system for tabulating reports. Under the computerized system, all calls are tabulated, even those requesting information. Prior to the computerized system, only reports that were actually investigated were counted."

Yet, in response to question #5 on the survey, asking the state to "indicate what factors you think have significantly contributed to the increase," Arizona didn't list any changes in reporting or administrative processes or even definition. Instead, the contributing factors listed were public awareness, economic conditions, family changes and Sun Belt population growth.

II. If Child Abuse Is Increasing, Why Is It Increasing?

The increase in reporting from 1981 was more a factor of public awareness than economic conditions in the opinion of the responding child abuse officials. Economic conditions were most frequently mentioned by the individual who filled out the survey, but after the public awareness factor was considered, the differentials were much smaller.

Contributing factors mentioned by the states should have been ranked by the following system, rather than the inaccurate comments in the report. If you utilize a proper method of weighting (10 pts for a 1st ranking, 9 for a 2nd, 8 for a 3rd, etc) then the findings are as follows:

1) public awareness by a large margin, farther than economic conditions being ahead of #3
2) economic conditions by a sizeable margin but less than the difference between 1 & 2 (contrary to what the report implies)

The following is the actual number of weighted mentions:

1.	Increased public awareness of child abuse & neglect	421
2.	Increases due to economic conditions of families	287
3.	Increases in single parent families	215
4.	Increases in teen-age parents	183
5.	Administrative or policy changes	175
6.	Reductions in cash assistance programs	165
7.	Decreases in community services	143
8.	Changes in reporting procedures	134
9.	Increases in blended families	125.5
10.	Changes in definition of child abuse & neglect	115.5

The report selectively stated the findings to support a particular position. But it is more accurate to state that a number of factors were reported by the states as contributing to the increase in reports.

When the variables are combined, the following results emerge (excluding public awareness which is clearly the number one reason):

Economic variables (2, 6, & 7)	595
Family variables (3, 4, and 9)	523.5
Administrative (5, 8 and 10)	424.5

(NOTE: public awareness is also really administrative)

The point is very simple. The reasons for the increases in reports are not clear in spite of the implications of this report. There were 29 cases of definition, administrative or reporting changes mentioned in the top three factors which should not be underestimated as to their impact on the increased reports.

Again, the increases in reports may be due in part to all of these factors, and does not necessarily indicate that child abuse is on the rise. (For a complete discussion on this, see CRS memo, p. 14).

A. Administrative Changes

Many states reported that changes in the reporting laws accounted for the increase in reports. Eleven states broadened the definitions of situations where intervention could occur, and expanded the scope of reporters required to report abuse.

1. Alabama - "added 'sexual exploitation' and 'attempted sexual exploitation'."
2. Alaska - "added and redefined required reporters"
3. Arizona - "reporting change"
4. Georgia - "in '81 reporting law required to report cases to law enforcement"
5. Mississippi - "mandated report to prosecuting attorney within 72 hours"
6. New York - "expanded situations where professional's reports are mandated"
7. North Carolina - "required daycare staff to report all allegations of abuse/neglect..."
8. South Dakota - "professionals required to report"
9. North Dakota - "required reporting of non-familial child sexual abuse..."
10. Vermont - "expanded the number of mandated reports"

11. Wisconsin - "New reportable conditions added to the reporting statute"

III. What Is Being Done?: Is It Really A Case of Official Neglect?

The Report presents a bleak picture of federal and state responses to the high rate of child maltreatment. We believe that we are not doing enough to strengthen family ties that would help prevent child maltreatment. However, we do want to draw attention to the good news that is here in both the federal and state responses in terms of monies appropriated and staff allocated to investigate abuse.

A. Funding
Federal Response

The Report does note some good news on the federal level but fails to emphasize those points.

Title XX: "Twelve States chose to redirect more of their Title XX allotment away from other eligible Title XX populations such as the elderly, or the handicapped, to address child abuse and neglect, resulting in an additional $72.1 million targeted in this area..." (p. 46).

Title IVB: While ten States reported losing some Title IVB funding (amounting to $4.5 million), 20 states received increased funding under this program (amounting to $36.8 million). The net gain, in real terms, in resources to address child abuse and neglect under the Title IVB program was $32.3 million in constant 1982 dollars (p. 47).

Child Abuse Prevention and Treatment Act (CAPTA): Eleven of the twenty-six responding states eligible for CAPTA funding lost some funding during 1981-1985 (amounting to $0.7 million). However, 15 States received an increase of CAPTA funding amounting to $0.8 million and 3 additional States became eligible for funding and after 1981 and currently receives federal assistance under CAPTA (p. 47).

Iowa, interestingly enough, is listed as both having lost and gained money. Ohio, is not on the list at all, but it shows an increase of almost 200%. Also, Kansas is not listed as having been eligible for CAPTA, but Kansas showed an estimated funding level of $100,000 for all 5 years.

Finally, the report says that 3 other states became eligible for CAPTA funding sometime after 1981 (Arizona, Idaho, and Maryland). But three other states (Utah, Connecticut, and Nevada) also show that they started getting funding in 1982, and they're not mentioned.

B. State Response

Again, the news here is pretty good in terms of the net increase in state and local contributions to meet the child abuse problem.

Of the 31 States providing complete program by program funding information, 16 States had a net increase in State and local funding amounting to $240.8 million in constant 1982 dollars between 1981-85.

The net decrease amounting to $71.3 million was experienced by 15 states (p. 48).

Thus, the State and local contribution to meet the child abuse problem realized a net increase of $169.2 million for the 31 responding States. (p.49)

Overall, the analysis of the federal, State and local funding during 1981-85 shows, in constant 1982 dollars, a $37.7 million increase in public resources targeted for child abuse prevention and treatment. This represents a 1.9% increase (p. 49).

C. Staffing

The Report does not note the size of the staff increases reported by 20 states. This is good news and should be reported.

> ALABAMA: "Increase of 184 workers. In November 1985, 7 staff members previously working with Adult Services as well as Family and Children's Services were transferred to the Division of Family and Children's Services."
>
> ALASKA: "For FY'85, 33 new positions...there has been a shift toward investigations."
>
> ARIZONA: "FY'85/86, 17% increase in CPS staff, prior years no significant change. Shifted funding priorities and case work direction towards prevention and income services."
>
> CONNECTICUT: "Numbers of staff -- 1985 - 10% increase in professional and clerical staff; 25% increase in vehicles. Functions -- 1985 - 25% increase in amount of time in court; increase in amount of time spent on investigations especially those that involve day care providers and allegations of sexual abuse."
>
> INDIANA: "During 1985 there was a 15% increase in the number of staff employed by the Child Welfare/Social Services Division of the Indiana State Department of Public Welfare."
>
> NEBRASKA: "In Sept., 1983, there were 109.5 CPS worker positions statewide. In Sept., 1984, there were 147.5 CPS worker positions. As of May 1, 1986, there were 176 CPS worker positions."
>
> NEW JERSEY: "A 65% increase in District Services Field Staff."
>
> NORTH CAROLINA: "$1,000,000 for additional CPS workers in 1985. As a result by using SSBG or local matching funds 80 FET positions have been added to the local protective services work force since August, 1985."
>
> SOUTH CAROLINA: "71 new personnel positions. This represents and approximate increase of 8% in workers statewide."
>
> UTAH: "Significant increases in the number of staff. On 7/1/85 special projects were funded in turn refocused our philosophy of treatment models. More emphasis on keeping kids at home and speedy reunification.

D. Discussion of Causes and the Problem of Neglect

The report does not discuss the causes of child abuse. However, research indicates that family-based intervention focusing on parent education, child development and family therapy is likely to be effective. Many parents who abuse their children come from broken homes, were beaten and deprived as children, or had unreasonably high expectations for their children. Marital discord, chaotic life style and past history of mental illness are also associated with child abuse. ("The Challenge of Child Abuse Cases: A Practical Approach," 9 Journal of Legislation, Winter, 1982, p. 127-143).

However, child abusers are indistinguishable from the general population in terms of a psychiatric profile. The one factor that is clearly associated with child abuse is a history of child abuse -- children who are abused often grow up to be abusers. Child abuse and neglect in the family is largely an intergenerational problem. (Attorney General John K. Van de Kamp's Commission on the Enforcement of Child Abuse Laws, California, Final Report, April, 1985).

The most typical case of child maltreatment is not physical abuse or sexual abuse, but neglect (see the Report, p. 10). It has been observed that "more children die of neglect than from abuse." (Besharov, 1983, p. 31).

One reason for the large number of neglect cases may be that the definition of neglect is so broad and vague that it becomes a catch-all category of maltreatment. Whatever the reasons for the higher number of children reported as "neglected," the fact remains that the bulk of child abuse cases falls in the "neglect" category.

E. What States Would Do with Additional Resources

When states were asked what they would do with more resources for child protection services, three states were particularly eloquent about where they would put their dollars.

The focus on prevention activities and on research concerning program effectiveness is worth noting.

> VIRGINIA: "We would not advocate shifting resources at this point. If we were able to add resources we would target prevention efforts on all levels. While additional resources would be beneficial in all aspects of service provision, it seems most profitable for the children and families involved to provide preventive services so that the children and families are spared the injury of abuse/neglect separation. The difficulty in prevention efforts is determining whether or not they are effective, how best to determine target populations, and, generally, how to evaluate your efforts to determine future directions. We recognize good investigation and treatment services as being a part of prevention of further incidents of abuse and out-of-home placement. We would certainly like to be able to enhance our treatment and investigation services and we also recognize the tremendous need we have for out-of-home placement resources, especially for difficult to place children."

> OHIO: "There is the need for more research in the area of prevention and service provision. Before funds are allocated to prevention and service provision there should be more data on

which to base decisions. We need more empirically based information on what works and what does not work in order to develop and implement effective prevention activities and services to child abuse victims and their families."

WISCONSIN: "There is a need for a greater shift towards family-based treatment, rather than individual treatment or treatment based on the medical model."

Many states have initiated some very creative programs in response to the high rates of child abuse reports.

Where Is The Money Going?

Spending for parent education increased in 22 states.
Funds for homemaker services expanded in 22 states.
Expenditures for parent aides increased in 16 states.
Respite care services received higher funding in 11 states.
Crisis nurseries received additional funds in 14 states.

These resources are an indication that some states are responding to the crisis. This report will likely encourage more states to budget their resources to the child abuse problem. That, too, is good news.

F. Administrative Barriers

While a majority of states did mention financial constraints as a barrier to implementing current child protective and child welfare services effectively, almost half (21) referred to legal barriers or barriers posed by current administrative structures. While the financial points were stressed in the Report, the legal and administrative barriers were not. We can not over-emphasize the importance of the finding that existing legal and administrative structures continue to obstruct child protective services.

One of the outcomes of this report, hopefully, will be the removal of these administrative and legal barriers by state legislation.

OREGON: "Oregon's response to child abuse and neglect involves numerous agencies, professionals, and the community at large. The response is characterized by a lack of consistent, coordinated intervention, inadequate treatment and prevention services, and no process to address issues before they become a crisis."

MONTANA: "Lack of flexibility to use money to keep kids at home."

OKLAHOMA: "More funds and staff need to be allocated to the front end of the system to prevent the breakup of families and to prevent children from penetrating the system."

UTAH: "Some children who have been victimized by a perpetrator who is not a member of the household are not receiving services."

KENTUCKY: "Social workers do not have 'good faith' immunity and this affects social service delivery in some cases. Liability insurance is not available to most workers and this causes anxiety and often leads to burnout."

PENNSYLVANIA: "An overly prescriptive law (Child Abuse Prevention and Treatment Act) at the federal level."

NORTH CAROLINA: "Current legal definitions of neglect are so broad that protective services intervenes in many situations where there is no substantial risk of harm to children but rather a poor standard of care exists. This is reflected in the low substantiation rate, and take an inordinate amount of staff time for investigating situations where protective services are not needed or services to solve the problem are not available."

IOWA: "We are working on a policy which would identify parameters of the family's right to privacy versus the public's right to know. Specifically, we may request policy and legislative changes which would set a procedure for review of the law prohibiting child abuse information in criminal courts and for review of laws and policy concerning the hiring of persons who had been identified as child abusers."

G. State Fact Sheets

The state "fact" sheets are the basis of this report. The findings are based on the responses of the individual states. These responses, and thus the "fact" sheets, are subject to a number of limitations that ought to be mentioned.

1) The state "fact" sheets represent the responses of the state employee(s) assigned to officially answer the survey. As such, the "facts" are subject to response bias in terms of the state's own agenda, especially with regard to budget items. When state bureaucrats are presented with a survey from the Congress (which holds the federal purse strings) asking the states if they need more money, what have we really learned when most of the states respond in the affirmative?

Moreover, the survey questions, in addition to asking the states to reveal their financial wish lists, require the state employee to make a judgement or to render an opinion about the factors that contribute to the increase in reports of child abuse (Item 5). Or, to describe what "you" would do with more money (Item 16) or to assess statistical trends in the field of child maltreatment. While the answers to these questions might be a rich data source, they should not be confused with factual data.

2.) Definitions:

The states each have their own reporting statutes and their own definitions for what constitutes a reportable condition of child maltreatment. State definitions for physical abuse, child neglect, sexual abuse and emotional maltreatment are far from uniform. The variance in state definitions both within-state over time and between states renders national comparisons more difficult. The State "Fact" Sheets ought to include the State definitions that the States themselves use in compiling their own child maltreatment statistics.

3.) Duplicated vs Unduplicated:

While the report makes a brief reference to the meaning of duplicated verses unduplicated reporting, a full discussion of these statistics is important in doing state by state comparisons. It is simply inaccurate to compile state statistics that count the numbers of children involved in abuse allegations with statistics that count the number of families in abusive allegations regardless of the number of children. It is inaccurate to compare state reports that count by allegation with state reports that count by child or family. Clearly, the states that use a reporting system that counts by abuse allegation will report higher numbers than states that count by child or family allegations (For a complete discussion of this point, see CRS memo, p. 11).

4.) Follow-up Procedures:
The State Fact Sheets contain information that was obtained by two different methods: (1) written responses to the questionnaire; (2) telephone contact by the majority staff. The second method initiated phone conversations between majority staff and state employees regarding missing data. It is simply unclear how the follow-up phone calls were conducted, who made these calls, why the calls were made and what specific information was obtained. The information collected in the follow-up phone calls should be identified as such. For example, was the information on the follow-up collected from the same person who filled out the survey? If not, this should be noted. Were there significant changes in the figures given for reports or for the budget as a result of the phone call? Why was this? (For complete discussion of this point, see CRS memo, p. 11).

IV. Conclusions

The Minority feels that it is our responsibility to clearly distinguish between an advocacy document (that presents a selective view of a problem and its solution, however worthy) and an objective report (that collects all the available important information on an issue and then comprehensively reports on its finding.)

This child abuse report is more of an advocacy document than the comprehensive policy analysis it claims to be. Its advocate's stance has biased the report in terms of interpretation and reporting of the data collected. And for this reason, we dissent.

Let there be no doubt, however, that we are concerned about the high rates of child abuse and neglect reports. Nor let it be said that we are satisfied with the responses of the public and private sectors to the tragedy of child maltreatment.

DAN COATS,
Ranking Minority Member.
FRANK WOLF.
GEORGE C. WORTLEY.
BARBARA F. VUCANOVICH.
BEAU BOULTER.
CLYDE C. HOLLOWAY.
THOMAS BLILEY, Jr.
NANCY L. JOHNSON.
JACK KEMP.
RONALD PACKARD.
DENNIS HASTERT.
FRED GRANDY.

Congressional Research Service
The Library of Congress

Washington, D.C. 20540

February 26, 1987

TO : House Select Committee on Children, Youth and Families
Attention: Carol Statuto, Minority

FROM : Royce Crocker,
Specialist in American National Government (Survey and Statistical Methodology)
Government Division

SUBJECT : Some Possible Methodological Limitations in a Survey and Report About Child Abuse

This memorandum responds to your request for a discussion of the possible methodological limitations in a survey and report of child abuse in the United States. The survey was conducted by the Majority Staff of the House Select Committee on Children, Youth and Families. A questionnaire was sent to each State requesting information about its child abuse program, procedures, and statistics. According to the Report of the Select Committee 1/, extensive telephone follow-ups also were used to collect the information in the Report.

WHAT THIS MEMORANDUM WILL COVER

All sample surveys as well as censuses are subject to various types of error. Errors may occur at all stages of the survey, from the sample design to the final written report. Some, like sampling error, are intrinsic to the

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1/ U.S. Congress. House of Representatives. Select Committee on Children, Youth, and Families. Abused Children in America: Victims of Official Neglect. A Draft Report. February 1987. Henceforth referred to as the Report.

sample survey. Others may be a function of available resources or merely may be mistakes. Several sampling statisticians have developed typologies of the sources of survey errors. 2/ While the typologies and error names differ slightly from one statistician to another, most are agreed that no survey will be without error. The goal is to minimize the impact of these errors to the extent possible within resources and, when such minimization is not possible or practicable, to be aware of the possible limitations the errors impose on the findings. An awareness of these limitations lessens the likelihood that an analyst will make generalizations that are unsupported by the information collected.

This memorandum addresses three broad areas. First, some discussion is given to possible limitations in the survey itself or in the collecting of the information. Second, the memorandum focuses on possible limitations in the statistical analysis as presented in the Report. And finally, it outlines the possible limitations in the conclusions drawn from the information collected.

2/ Kish, Leslie. Survey Sampling. John Wiley and Sons, Inc., New York, 1965. p. 509-573; Hansen, Morris H., William N. Hurwitz, and William G. Madow. Sample Survey Methods and Theory. Volume I. John Wiley and Sons, Inc., New York, 1953. p. 56-92; Assael, Henry, and John Keon. Nonsampling vs. Sampling Errors in Survey Research. New York University, Faculty of Business Administration, Working Papers Series, New York, May 1981; Deming, W. Edwards. On Errors in Surveys. American Sociological Review, v. 9, no. 4, August 1944. p. 359-369.

Limitations in the Memorandum

This analysis is limited in several ways. First, it is not based on any field work conducted by the Congressional Research Service. No attempt was made to verify, by reinterviewing respondents, that the survey field work by the Committee was conducted in the way described in its report. CRS lacks the resources to do such an evaluation, not to mention the time. Accordingly, our analysis is based primarily on the information in the Report, supplemented by extensive discussions with the Minority staff, more limited discussions with a representative of the Majority staff--Dr. Marcia Mabee, and a brief telephone discussion with a representative of the American Humane Association--John Fluke. Further, I examined copies of returned questionnaires from many of the States early in the survey process and saw statistical analyses of this preliminary data. The preliminary returns, however, may not reflect subsequent information collected by the Majority staff through telephone conversations with some States.

Second, except to illustrate a methodological alternative, there is no attempt statistically to reanalyze the data as presented in the Report. Generally, when methodological alternatives are mentioned, the analysis of the data are for illustrative purposes only.

Third, the possible limitations discussed here are confined to those with the potential to have the greatest affect on the results.

SOME POSSIBLE LIMITATIONS IN THE COLLECTING OF THE INFORMATION

Surveys of State agencies very often are among the more difficult types of surveys to conduct because of the variation in the approaches States employ in dealing with problems. As is apparent from a perusal of the individual State reports (see chapter V of the Report), States have different definitions for child abuse, different ways of keeping statistics on child abuse, and no uniform standards with respect to keeping track of expenditures.

A variety of difficulties may arise with any survey of this type. For example, variations among the States in the definitions of key concepts that the surveyor wishes to measure may make it very difficult to compare the answers from one State with those from another. Similarly, States may have the information requested but not in the form requested because of the way the States compile their statistics. Another problem is assuring that the person within the State government most knowledgeable about the subject under study is responsible for answering the questionnaire. With a complex questionnaire, this may mean that two or three different persons need to fill out different parts. It is often difficult to determine from a survey report whether or not such problems existed or with how they were dealt.

Report Does Not Have a Full Description of the Methodology Used to Collect the Information

With the exception of a brief statement and a copy of the questionnaire in the Appendix, the Report provides little information about the methods used to collect the information. As far as can be determined, the following appears to be the methodology used by the study:

> To learn more about the status of child abuse in the United States, the Select Committee on Children, Youth, and Families conducted an extensive survey of the 50 states and the District of Columbia. Every state responded to the Committee's questionnaire and cooperated with our extensive follow-up activities to assure the accuracy of their responses. 3/

It would have proved informative if a survey methodology section had been included to describe why and how the extensive follow-up was used. What information was collected with the follow-up? Was the follow-up procedure used to collect information not asked for on the questionnaire or was it used to clarify and complete the information supplied by the States on the questionnaire? If the latter, what types of information, if any, proved most difficult for the States to answer?

The lack of a description of the procedures used to collect the information, especially relating to the methods used in the follow-up, makes it difficult to evaluate the results. Based on the Report as it currently stands, one might assume that the surveyors had no difficulty collecting the information. However, results from the Report suggest that some of the States may have had difficulty understanding some of the questions asked (see discussion below).

Definitional Differences Among the States

An examination of the questionnaire suggests an awareness of the variety of definitions used by the States in compiling statistics on child abuse. Question 3 suggests that States not only vary in compiling statistics by

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3/ The Report, p. 1 of the Introduction.

family, children or both, but will vary in terms of providing statistics on incidents or on persons involved. Similarly, question 3b allows the States to use any or all of the categories (i.e.,family reports or child reports and duplicated or unduplicated reports 4/), depending on how the States compile their statistics on child abuse. There may be some confusion, however, in the responses to question 4. Question 4 asks the States to provide counts of child abuse by type of maltreatment (i.e., "physically injured", "sexually maltreated", "deprived of necessities or neglected", and "abuse- or neglect-related fatalities") for each year from 1981 through 1985. It is unclear whether or not the numbers here relate to substantiated or unsubstantiated reports or to duplicated or unduplicated reports. An examination of the individual State reports suggests that some States may have been confused with respect to the "total number of maltreated children" category. An analysis of this information is not included in the Report. Also, this information sometimes includes and sometimes excludes multiple types of injuries from the total counts (see especially the individual State reports of Georgia, Arkansas, Iowa, Montana, and Nebraska).

Some Inconsistencies in Responses to Question 5

Question 5 of the survey questionnaire asks State officials to rank from one to ten the factors that they believe significantly contributed to any

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4/ Unduplicated reports of child abuse are measures of the number of children (or families) who are abused regardless of the number of times such abuse occurs to the same child. Duplicated reports are measures of the number of incidents of child abuse. See page 10 of this memorandum for a more detailed discussion of these two different methods of counting.

increase in child abuse reports between 1981 and 1985. The report notes that 45 of the States selected "increased public awareness of child abuse and neglect" as the most important factor contributing to the increase. The report also notes that three-fourths of the States also ranked "economic conditions of families" among the top three factors affecting the increased incidence of child abuse reporting. However, some of the States' responses raise questions about how they were interpreting the question. For example, in footnote 3 on page 1 of the Report, Arizona officials attributed much of the increase in reports of child abuse to a change in their administrative procedures. However, in the review of Arizona's report under "Factors Contributing to Increases in Reports," that option is not even mentioned. Similarly, in its report, Illinois notes that trends indicate "tremendous increase in the number of child abuse and neglect reports over the past decade due to increased public awareness of child abuse and neglect; more sophisticated reporting and response systems; and legislative and administrative changes to mandate reporting by many professionals" (emphasis added). Yet, when asked what factors contributed to increased reporting, Illinois officials noted only public awareness and drug and alcohol related problems; there is no mention of administrative changes as a contributing factor. Without going back to the State officials, it is difficult to know why they seemed to give inconsistent information.

Difficulties in Collecting Detailed Economic Information

The Report documents that the State officials had difficulty responding to the more detailed questions relating to expenditures for each service. As is noted in the Report:

> Most of the 33 States that did not provide fairly complete information were able to explain their reasons in the course of a follow-up effort to obtain more complete information.
>
> Budget officials in twelve States (Tennessee, Oklahoma, Nebraska, Louisiana, Colorado, Illinois, Iowa, Michigan, North Carolina, Hawaii, Kentucky, South Carolina) reported difficulty matching their service categories with the six service categories described on the survey.
>
> Ten states (Wisconsin, West Virginia, Wyoming, Alaska, South Dakota, Indiana, Minnesota, Vermont, Virginia, Missouri) reported that they did not know how funds were expended, by funding source for one or more of the six categories....5/

At least in part, the follow-up procedures were used to help clarify responses or non-responses to some of the more detailed questions relating to how the States allocated their monies. Based on the results of the follow-up, as indicated above, detailed information about expenditures was apparently excluded from the report with just a notation that the States had such a difficulty. Considering the difficulties noted in the report, this was probably a safe course to take from a methodological point of view.

STATISTICAL ANALYSIS OF THE INFORMATION

There are many possible limitations on statistical analyses of information collected in a survey. Such limitations may include using the wrong statistical technique, incorrectly computing a statistic, or choosing a less useful or informative technique over a more useful or informative one, with a resulting difference in the emphasis given to the survey's information.

Such limitations as there are in the statistical analysis of the Report tend to be of the latter type. Several possible limitations in the Report

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5/ The Report, p. 53-54.

relate to (1) the use of percent change measures; (2) providing national and multi-state totals on child abuse reports; (3) the lack of an explanation for how reports on families were converted into reports on children; and (4) the presentation of the information relating to Question 5.

The Use of Measures of the Percentage Change

Throughout the Report, many tables show a calculation for the percent change in the amount of child abuse between 1981 through 1985. If one wishes to estimate the amount of change occurring in information collected at two different points in time, a measure of percent change is quite useful.

However, measures of percent change tend to ignore the relative sizes of the numbers. For example, as shown in table 1 of the Report, Hawaii experienced a 54.4 percent increase in the number of child abuse reports between 1981 and 1985. During the same period, Massachusetts experienced an almost equal increase of 54.2 percent in the number of child abuse reports. However, Hawaii's 54.4 percent increase represented an increase of 1,434 reports, while Massachusett's 54.2 percent increase meant 16,535 reports. Both States had almost the same percent change in child abuse cases reported, but the differences in the actual number of cases was sizable. Consequently, measures of percent change do not necessarily give a clear indication of the amount or size of change.

On a slightly different point, the number of reports of children abused as shown in tables 1 and 3-9 of the Report, while enlightening, provide the reader with little information about the magnitude of the child abuse problem within a State. A measure that often is more useful, and which has been used in many other statistical contexts, is a measure of rate per 10,000 or 1,000 persons in a population; such a measure can give a clearer idea of a problem's size and extent. In the case of the Report's information, the number of reports would necessarily have to be expressed as a rate per 10,000 or 1,000 children within a State for a particular year. Census Bureau reports can provide yearly estimates of the size of the child population for each year for each State covered in this report. 6/

Thus, measures of percent change can prove useful and appropriate for certain interpretations, but should be used with caution when attempting to understand the relative amount of change, comparing different entities when there may be wide variation in the number of cases among the entities, or documenting the extent a situation exists within a population.

Calculating National or Multi-State Totals

The presentation of national and multi-state totals in tables 1,3-9, and 14-23 in Chapter I of the Report may be inappropriate for several related reasons. As has been noted earlier, the States differ among each other on the basis of what is or is not included as child abuse, as well as how the information is collected. However, by presenting national or multi-state

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6/ U.S. Department of Commerce. Bureau of the Census. State Population Estimates, by Age and Components of Change: 1980 to 1984. Current Population Reports. Population Estimates and Projections. Series P-25, no. 970, June 1985; U.S. Department of Commerce. Bureau of the Census. State Population and Household Estimates to 1985, With Age and Components of Change. Current Population Reports. Population Estimates and Projections. Series P-25, no. 998, December 1986.

totals of these numbers, the Report assumes there are no differences among the States in what the counts mean. This assumption may not be valid.

For example, as the Report notes, some States provide unduplicated child abuse reports while other States provide duplicated reports. [7] Unduplicated reports are measures of the number of children (or families involved) who are abused regardless of the number of times such abuse occurs to the same child. Duplicated reports, on the other hand, are measures of the number of incidents of child abuse. If one child is abused six times, the child is counted as one report under an unduplicated reporting system and as six under a duplicated reporting system. Neither of these accounting techniques are "wrong"; rather, they are different and emphasize different aspects of the same problem. However, if both the duplicated and unduplicated numbers from the States are added together, it is possible that the totals underestimate the number of incidents of child abuse or overestimate the number of children abused. Further, on page 24, the Report notes that States that changed from providing duplicated information prior to 1985 to providing unduplicated reports in 1985 would have shown increases in child abuse had they provided counts of duplicated reports as well. It is true that the numbers would have been larger. However, the two measures show different information. Consequently, one cannot compare them in this manner. Similarly, for those States that went from reporting the number of child abuse incidents (i.e., a duplicated system) prior to 1985 to reporting the number of children abused (i.e., an unduplicated system) in 1985, or vice versa, it is not appropriate to calculate measure of change as such measures have no meaning.

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[7] The Report, p. 23-24.

Similarly, as can be seen by examining individual State counts for question 4--Child Protective Reports by Maltreatment Types, total counts from each State reflect that State's definition of what constitutes child abuse. In some States, for example, child abuse includes emotional maltreatment, while other States do not define this as child abuse. 8/

Thus, what the Report shows, in the discussion as well as in the summaries of the results of each State's response, is a diverse approach among the States to defining and measuring child abuse. It may be less misleading, although not quite as statistically neat, to merely show the tallies for each State without the totals for all the States.

Converting the Number of Family Reports to Reports on Individual Children

As shown in table 3 of the Report, States may provide counts of child abuse by the number of families involved (both duplicated and unduplicated), by the number of children reported (both duplicated and unduplicated), or by both. In footnote 5 of table 1, reference is made to a "conversion multiplier" for 1981, which allows the number of family reports to be converted to reports on children. Similarly, explanatory note 2 on page 40 of the draft Report, gives the multiplier in 1985 for converting the number of family reports to reports on children as 1.731 and for converting the number of child reports to family reports as .578. However, I was unable to find an explanation of how the conversion multipliers were calculated. Such an explanation might prove useful

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8/ See especially the reports for California, Connecticut, Georgia, and Nebraska. Also, see footnote a to tables 1-3, p. 41 for differences in how Alaska reports its information. According to the Iowa report, the definition for sexual abuse changed in 1982, 1984, and 1985.

to the reader in understanding how the Report took family reports and converted them to child reports.

Based on a coversation with John Fluke of the American Humane Association, the conversion multiplier is computed by averaging the ratio of the number of reports of abused children to the number of families involved in reports of abused children (and vice versa) for the States that provided both numbers. Differences between duplicated and unduplicated reporting systems are ignored. This calculation produces an average ratio of child reports to family reports (or vice versa)--considered to be the best estimate of the ratio in those States only reporting family counts--and is multiplied by the number of family reports in a State to arrive at an estimated number of child reports for that State. 9/

One possible difficulty with this technique is that the fewer the number of States that provide reports both by families and children, the less reliable is the estimated conversion multiplier. If, for example, only four States give both sets of figures, the ratios of child reports to family reports (or vice versa) for 46 States depends on the average ratio among only four States. It is unclear from the Report how many States in 1981 and 1985 provided the information by both families and children on which the calculation of the conversion multiplier was based. If a sizeable number of States provided such information, the estimated numbers produced using the conversion multiplier should be reasonably accurate. However, if only a few States provided both

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9/ Telephone conversation with John Fluke, a representative of the American Humane Association in charge of statistical analysis and preparation of its reports.

sets of numbers, the conversion of the other States' numbers could be quite misleading.

Another Approach to Presenting the Results from Question Five

Question five of the questionnaire requested State officials to rank ten factors according to their contribution to any increase in the number of child abuse reports. The Report discusses the results of question five by indicating how many and which States placed some of the factors into the different ranks. [10] This approach provides a general notion of the relative importance of the ranked factors. However, it tends to focus on the number of times a factor is placed in a particular ranking. Thus, if one factor is placed in the same ranking by ten States and no other ranking receives the vote of more than ten States, then the ranking mentioned by the Report is that of those ten States. This might be called the "modal approach" to analyzing the question because it tends to stress the modal ranking. However, the modal approach often does not give a complete picture of how all of the States will have ranked a factor because of the tendency to ignore other rankings that may be more evenly distributed among the States.

An alternative to the "modal approach," and one that tends to use more of the information gained, is to calculate an average score for each factor. Sorting the factors by their average rank provides a useful measure of the relative importance of each factor by the State officials. Because it uses all of the available information, average ranking like this tend to be a better measure of the distribution of views across the States than does the mode.

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[10] The Report, p. 15-16.

CONCLUSIONS DRAWN FROM INFORMATION COLLECTED IN THE SURVEY

Conclusions drawn from the results of surveys may be in error or, more often, overstate what the survey results actually show. Sometimes such errors occur because analysts overlook or fail to mention alternative interpretations of the data. Data collected in a survey is static, i.e., it is collected at one point in time. Comparing information collected at an earlier date to that collected at a later date may or may not show trends.

There is at least one possible limitation in the conclusions drawn from the data presented in the Report. It relates to the Report's assertion that there has been an increase in child abuse and neglect between 1981 and 1985. 11/ It should be noted that the conclusion drawn by the Report may not be incorrect. However, other plausible interpretations of the same data reported in the study may have been ignored.

Increase in Child Abuse or Increase in Child Abuse Reports?

An examination of Table 1 in the Report shows that between 1981 and 1985 the number of reports of thild abuse rose in every State except Wyoming. Can one therefore conclude that there has been an increase in the level of child abuse and neglect over this period of time? That is assuredly one conclusion that could be drawn from the results of this survey; but, the change in the

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11/ The Report, p. 1.

number of reports given by the States might be due to several other factors, each of which could imply not that there has been an increase in the amount of child abuse occurring in the States but rather that there has been increased reporting of the incidents of child abuse.

For example, suppose that in 1981 there were actually 20,000 incidents of child abuse occurring in State A. However, only 10,000 of these incidents were reported and captured by State A's statistical system. In 1985, there were again 20,000 incidents of child abuse occurring in State A, but because of changes in the reporting requirements and public awareness of the problem, 18,000 cases were reported and captured by the State A's statistical system. If the only information known is that 10,000 reports of child abuse incidents were made in 1981 and 18,000 were made in 1985, it is possible to arrive at the erroneous conclusion that there has been an increase in the number of child abuse incidents over the period under study. However, the real number of incidents has remained constant at 20,000. What has changed is the ability of State A's statistical system to better measure the incidents that actually occurred.

There is a good deal of evidence in the Report itself to make plausible the argument that the changes in the number of reports of child abuse may be due to administrative changes, legal changes and public awareness campaigns. In short, there is some plausible evidence that the States may be better measuring child abuse and neglect incidents.

Another interpretation is that incidents are going up and simultaneously the States are doing a better job of measuring incidents of child abuse.

The difficulty is that, based on the evidence in the Report, all of these interpretations are equally plausible. Stressing any one of them at the expense of the others, at least on the basis of the evidence in the Report, may lead to incorrect views of the actual situation. The Report's information can be used to support one or all of these arguments.

I trust that the information provided in this memorandum will prove useful. If I may be of any further assistance, please feel free to contact me at 287-8231.

75-854 (383)